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|---|------------------------------|---------------|
| VENDOR NAME AND ADDRESS<br><br><b>NCM DIRECT DELIVERY, INC</b><br><b>20991 CABOT BLVD</b><br><b>HAYWARD, CA 94545</b> | AGENCY NUMBER<br><b>2150</b> | LOCATION CODE |
| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)                 |                              |               |
| RECEIVED BY<br><br><b>BUSINESS OFFICE</b>   |                              | DATE RECEIVED |

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED STAPLE INVOICES ON BACK

REVENUE REFUND – Carrier withdrew application for CC Permit –CC063815  
 RECEPTION OR FIELD RECEIPT NUMBERS 19767 DATED 01/26/10 \$275.00

Note – card holder Denise Alto.

| PREPARED BY<br><b>KEN CHAPMAN</b> |            |              |       | TELEPHONE NUMBER<br><b>664-1229</b> |               |               |                | DATE<br><b>4/7/10</b>        |                  |                    |                | AGENCY APPROVAL<br> |                        |           |                | DATE<br><b>4/20/10</b> |  |
|-----------------------------------|------------|--------------|-------|-------------------------------------|---------------|---------------|----------------|------------------------------|------------------|--------------------|----------------|---------------------|------------------------|-----------|----------------|------------------------|--|
| DOC. DATE                         |            | PMT DUE DATE |       | CURRENT DOC. NO.                    |               | REF. DOC. NO. |                | VENDOR NUMBER<br><b>VOD1</b> |                  | VENDOR MESSAGE     |                |                     | USE TAX                |           | UBI NUMBER     |                        |  |
| REF DOC SUF                       | TRANS CODE | M O D        | FUN D | MASTER INDEX APPN INDEX             | PROGRAM INDEX | SU B OBJ      | SUB SUB OBJECT | ORG INDEX                    | WORK CLASS ALLOC | COUNTY BUDGET UNIT | CITY/ TOWN MOS | PROJEC T            | SUB PROJ               | PROJ PHAS | AMOUNT         | INVOICE NUMBER         |  |
|                                   | 198        |              | 111   |                                     |               | 02            | 68             |                              |                  |                    |                |                     |                        |           | \$275.00       | REFUND                 |  |
|                                   |            |              |       |                                     |               |               |                |                              |                  |                    |                |                     |                        |           |                |                        |  |
|                                   |            |              |       |                                     |               |               |                |                              |                  |                    |                |                     |                        |           |                |                        |  |
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|                                   |            |              |       |                                     |               |               |                |                              |                  |                    |                |                     |                        |           |                |                        |  |
|                                   |            |              |       |                                     |               |               |                |                              |                  |                    |                |                     |                        |           |                |                        |  |
|                                   |            |              |       |                                     |               |               |                |                              |                  |                    |                |                     |                        |           |                |                        |  |
|                                   |            |              |       |                                     |               |               |                |                              |                  |                    |                |                     |                        |           |                |                        |  |
| ACCOUNTING APPROVAL FOR PAYMENT   |            |              |       |                                     |               |               |                |                              |                  | DATE               |                |                     | WARRANT TOTAL \$275.00 |           | WARRANT NUMBER |                        |  |