

VENDOR NAME AND ADDRESS LH & J NAGEL LLC 2728 ELIZABETH ST EUGENE, OR 97402	AGENCY NUMBER 2150	LOCATION CODE
		AGENCY P.R. OR AUTHORIZATION NUMBER REFUND
		AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)		RECEIVED BY BUSINESS OFFICE
		DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

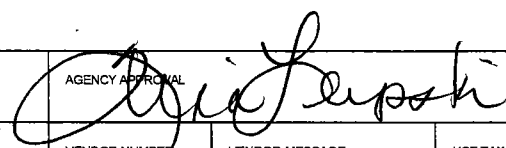
REVENUE REFUND – Carrier withdrew CC Permit Application.

RECEPTION OR FIELD RECEIPT NUMBERS 32773 DATED 5/19/11 \$275.00

Note – card holder Denise Alt.

KVC

6-9-11

PREPARED BY KEN CHAPMAN			TELEPHONE NUMBER 664-1229			DATE 6/9/11			AGENCY APPROVAL 			DATE 6/9/11				
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER VOD1		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
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$275.00		WARRANT NUMBER	