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| <b>VENDOR NAME AND ADDRESS</b><br><br>CWA, Inc.<br>1416 Whitehorn St.<br>Ferndale, WA 98248           | AGENCY NUMBER<br><b>2150</b>  | LOCATION CODE |
|   | AGENCY P.R. OR AUTHORIZATION NUMBER<br><b>REFUND</b>  |               |
|   | AGENCY NAME AND LOCATION<br><b>UTILITIES AND TRANSP. COMM.<br/>         1300 S. EVERGREEN PK DRIVE S.W.<br/>         P.O. BOX 47250<br/>         OLYMPIA, WA 98504-7250</b> |               |
| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.) | RECEIVED BY<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 to add trade names on to auto trans certificate.

RECEPTION OR FIELD RECEIPT NO. 37785 DATED 2/24/12 \$35.00

| PREPARED BY<br><b>Tina Leipski</b> <i>[Signature]</i> |            | TELEPHONE NUMBER<br><b>664-1170</b> |                  | DATE<br><b>3/30/12</b>  | AGENCY APPROVAL<br><i>[Signature]</i> |           |                | DATE<br><b>4/3/12</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 |
|   | <b>198</b> |                                     | <b>111</b>       |                         |                                       | <b>02</b> | <b>68</b>      |                       |                  |                    |                |          |                       |           |                | <b>REFUND</b>  |
|   |            |                                     |                  |                         |                                       |           |                |                       |                  |                    |                |          |                       |           |                |                |
|   |            |                                     |                  |                         |                                       |           |                |                       |                  |                    |                |          |                       |           |                |                |
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|   |            |                                     |                  |                         |                                       |           |                |                       |                  |                    |                |          |                       |           |                |                |
| ACCOUNTING APPROVAL FOR PAYMENT                       |            |                                     |                  |                         |                                       |           |                |                       |                  | DATE               |                |          | WARRANT TOTAL \$35.00 |           | WARRANT NUMBER |                |