

<b>VENDOR NAME AND ADDRESS</b>  LMJ Transportation, Inc. 547A CR 900 East Tolono, IL 61880	<b>AGENCY NUMBER</b>	<b>LOCATION CODE</b>
	2150	
	<b>AGENCY P.R. OR AUTHORIZATION NUMBER</b>	
	REFUND	
	<b>AGENCY NAME AND LOCATION</b>	
	UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250	
<b>FEDERAL I.D. NO. OR SOCIAL SECURITY NO</b> (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	<b>RECEIVED BY</b>	<b>DATE RECEIVED</b>
	BUSINESS OFFICE	

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

REVENUE REFUND – Company contacted the Commission withdrawing their application.  
 RECEPTION OR FIELD RECEIPT NO. 48224 DATED 12/13 \$275.00

<b>PREPARED BY</b> Tina Leipski <i>[Signature]</i>				<b>TELEPHONE NUMBER</b> 664-1170				<b>DATE</b> 2/26/14		<b>AGENCY APPROVAL</b> <i>[Signature]</i>				<b>DATE</b> 2/28/14		
<b>DOC. DATE</b>		<b>PMT DUE DATE</b>		<b>CURRENT DOC. NO.</b>		<b>REF. DOC. NO.</b>		<b>VENDOR NUMBER</b> VOD1		<b>VENDOR MESSAGE</b>			<b>USE TAX</b>		<b>UBI NUMBER</b>	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								\$275.00	REFUND
<b>ACCOUNTING APPROVAL FOR PAYMENT</b>										<b>DATE</b>			<b>WARRANT TOTAL \$275.00</b>		<b>WARRANT NUMBER</b>	