

VENDOR NAME AND ADDRESS Ivan Anton 1631 S 96th Street Tacoma, WA 98444	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 submitted letter to withdraw application.
 RECEPTION OR FIELD RECEIPT NO. 050133 DATED 04-30-14 \$275.00

PREPARED BY Tina Leipski <i>[Signature]</i>			TELEPHONE NUMBER 664-1170			DATE 05/06/14			AGENCY APPROVAL <i>[Signature]</i>			DATE 5/6/14				
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	