

VENDOR NAME AND ADDRESS  <b>JULIO C. LINALDI</b> <b>1505 S. Rd 40 E #407</b> <b>PASCO, WA 99301</b>	AGENCY NUMBER <b>2150</b>	LOCATION CODE	
	AGENCY P.R. OR AUTHORIZATION NUMBER <b>REFUND</b>		
	AGENCY NAME AND LOCATION <b>UTILITIES AND TRANSP. COMM.</b> <b>1300 S. EVERGREEN PK DRIVE S.W.</b> <b>P.O. BOX 47250</b> <b>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 <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 CC Permit Application.  
RECEPTION OR FIELD RECEIPT NUMBERS 33431 DATED 8/8/11 \$275.00

Note – card holder Denise Alto.

*KWC* *1-7-4*

PREPARED BY <b>KEN CHAPMAN</b>			TELEPHONE NUMBER <b>664-1229</b>			DATE <b>9/7/11</b>			AGENCY APPROVAL <i>Colleen Smith</i>				DATE <b>9/7/11</b>			
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER <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
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$275.00		WARRANT NUMBER	