

<b>VENDOR NAME AND ADDRESS</b>  David Church 45717 SE 139th Pl. North Bend WA 98045	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.          1300 S. EVERGREEN PK DRIVE S.W.          P.O. BOX 47250          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 incomplete application.

RECEPTION OR FIELD RECEIPT NO. 33567 DATED 8/29/11 \$100.00

PREPARED BY <b>Tina Leipski</b> <i>[Signature]</i>				TELEPHONE NUMBER <b>664-1170</b>				DATE <b>8/23/12</b>		AGENCY APPROVAL <i>[Signature: David Proff]</i>				DATE <b>8-23-12</b>		
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER		VENDOR MESSAGE			USE TAX	UBI NUMBER		
								<b>VOD1</b>								
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								\$100.00	REFUND
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$100.00		WARRANT NUMBER	