

<b>VENDOR NAME AND ADDRESS</b>  LICONA EXPRESS LLC 204 TERRACE AVE. SUNNYSIDE, WA 98944	<b>AGENCY NUMBER</b>	<b>LOCATION CODE</b>
	<b>2150</b>	
	<b>AGENCY P.R. OR AUTHORIZATION NUMBER</b>	
	<b>REFUND</b>	
	<b>AGENCY NAME AND LOCATION</b>	
	<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>	
<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>
	<b>BUSINESS OFFICE</b>	

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND – Carrier withdrew application since they won't be ready to operate until June. Will resubmit at that time.

RECEPTION OR FIELD RECEIPT NO. 42839 DATED 12-8-12 \$275.00

<b>PREPARED BY</b> Tina Leipski			<b>TELEPHONE NUMBER</b> 664-1170			<b>DATE</b> 4/5/13			<b>AGENCY APPROVAL</b>					<b>DATE</b>			
<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	FUN D	MASTER INDEX APPN INDEX	PROGRAM INDEX	SUB OBJ	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	
<b>ACCOUNTING APPROVAL FOR PAYMENT</b>										<b>DATE</b>					<b>WARRANT TOTAL \$275.00</b>		<b>WARRANT NUMBER</b>