

<b>VENDOR NAME AND ADDRESS</b>  KATRINA LINKEVICH 5924 S. 232ND CT. KENT, WA 98032	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 requested to withdraw application.

RECEPTION OR FIELD RECEIPT NO. 44277 DATED 3/11/13 \$275.00

PREPARED BY <b>Tina Leipski</b>				TELEPHONE NUMBER <b>664-1170</b>				DATE <b>5/17/13</b>				AGENCY APPROVAL				DATE			
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			