

# Invoice Voucher

Remit To: State Auditor's Office  
PO Box 40021  
Olympia, WA 98504-0021  
Federal ID No. 91-6001098



Page: 1 of 1  
Invoice No.: L117217  
Invoice Date: 11/09/2016  
MCAG No.: 0518  
County: Lincoln

Town of Wilbur  
14 NW Division  
PO Box 214  
Wilbur, WA 99185

If change in address, please write new address above:

☐ Billing Addr

☐ Mailing Addr



(Return this portion with your payment)

State Auditor's Office

(Detach and retain for your records)

Entity Name: Town of Wilbur

Invoice No.: L117217

Invoice Date: 11/09/2016

Audit No.: 39428

Audit Period: 14 - 15

Purchase Order:

| Month/Year              | Work Performed       | Bill Rate | Hrs  | Amount     | Travel/Other Expenses | Total      |
|-------------------------|----------------------|-----------|------|------------|-----------------------|------------|
| 10/16                   | Travel               | \$46.60   | 2.5  | \$116.50   | \$71.28               | \$187.78   |
| 10/16                   | Accountability Audit | \$93.10   | 2.0  | \$186.20   | \$0.00                | \$186.20   |
| 10/16                   | Financial Audit      | \$93.10   | 14.5 | \$1,349.95 | \$0.00                | \$1,349.95 |
| Sub Total:              |                      |           | 19.0 | \$1,652.65 | \$71.28               | \$1,723.93 |
| Total Due This Invoice: |                      |           | 19.0 | \$1,652.65 | \$71.28               | \$1,723.93 |

JV Number: 170400

FULL PAYMENT DUE  
IN 30 DAYS

I hereby certify the amount listed herein is a  
proper charge for services rendered:

By: Janel M. Roper, Financial Services Manager

For questions, please call (360) 725-5601 or (360) 725-5586 fax (360) 586-3105 or e-mail [accreceivable@sao.wa.gov](mailto:accreceivable@sao.wa.gov)