

STEVENS COUNTY FIRE PROTECTION DISTRICT #7
REIMBURSEMENT FORM

NAME Arden Volunteer Firemen Auxiliary
ADDRESS 1649 Elm Tree Dr.
Colville, Wa. 99114

DATE 11/5/17

I HEREBY REQUEST REIMBURSEMENT FOR:

For New Aid vehicle

TOTAL REIMBURSEMENT

4,700.⁰⁰

CERTIFICATION:

I HERBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS TRUE AND
CORRECT CLAIM AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME
ON ACCOUNT THEREOF:

SIGNED
TITLE

Lina M. Pocerelli
Treasurer / Sec.

Spokane County
Fire District 9
3801 E. Farwell Road
Mead WA 99021
(509) 466-4602
www.scsfd9.org



DATE 10/25/17 No. 5312

NAME Arden Fire Depart Auxiliary
four thousand seven hundred DOLLARS \$ 4,700.⁰⁰
FOR Inv# 10627 - Surplus Vehicle 2006 Ford
Expedition VIN-1FMPU165X6LA64609

METHOD OF PAYMENT

CHECK # 1032

CASH ☐

BY

TITLE

John Allman
Admin Asst

Stevens County Fire Protection District #7

649 Elm Tree Drive
Colville, WA 99114

Voucher No. 18-79
Approval Date: 7-10-2018

Claimant

Name Justin's Auto Repair
Address 944 Moran Creek Rd
City Colville WA ZIP 99114
Phone _____

Vendor No. JUS840

| Date | Invoice No. | Description | Amount |
|-------------------------|-------------|----------------------------------|------------|
| 6/0/2018 | 0008760 | Repair 88 Humve AT71 | 780.05 |
| 6/26/2018 | 0008759 | Repair 99 Ford F450 lic77209C | 647.84 |
| 7/7/2018 | 0008761 | Repair 93 F700 B96496 | 677.96 |
| TOTAL | | | 2105.85 |
| Distribution 52210.0048 | | | \$2,105.85 |
| Total | | | 2105.85 |

I, the undersigned do hereby certify under penalty of perjury, that sufficient funds have been budgeted for this claim, the materials have been furnished, the services rendered or performed as described herein and that the claim is a just, due and unpaid obligation against Stevens County, and that I am authorized to authenticate and certify to said claim.

Chairman

Michael J. Mac

Commissioner

Commissioner

Secretary

Lisa Schuler

780.05 +

647.84 +

677.96 +

003

2,105.85 *

000

0.00 *

AT 73

WARRANTY on all parts & labor *Adams*
 MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

| | | | |
|---------------------|--------------------|-------|----------|
| NAME | JUSTINS AUTO | PHONE | |
| ADDRESS | 944 moran creek rd | | |
| CITY, STATE, ZIP | Colville WA 99114 | | |
| 2ND AUTHORIZED NAME | | PHONE | 685 9965 |

| QTY. | PART NO. | NAME OF PART | PRICE | WARRANTY Y/N |
|-------------|----------|--------------------|-------|--------------|
| 2 | | Seals | 35.28 | |
| 2 | | Rotor's with studs | 89.57 | |
| 1/2 | | gear/oil | 38.16 | |
| 1/2 | | ANTI-FREEZE | 15.72 | |
| 1 | | DIFF PARTS | 0 | |
| 1 | | Brakes | 0 | |
| TOTAL PARTS | | | | |

MECHANICS RECOMMENDATIONS

Estimated cost \$ Estimate Charge Basis for Charge

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE,
 INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- ___ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- ___ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- ___ I DO NOT REQUEST A WRITTEN ESTIMATE.

*Checked lines apply (Preparer must check at least one):

- ___ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
- ___ This amount includes a charge of \$_____, which is required under _____ law.

| | | | | | |
|---|--|--|--|----------------------------------|--|
| RECEIVED (DATE & TIME) A.M. P.M. | | CUSTOMER'S ORDER NO. | | PROMISED (DATE & TIME) A.M. P.M. | |
| YEAR • MAKE • MODEL | | 88 H/V | | SERIAL #/VIN | |
| LICENSE NO. | | ODOMETER | | WRITTEN BY | |
| <input checked="" type="checkbox"/> LUBE <input type="checkbox"/> OIL CHANGE <input type="checkbox"/> FLUSH TRANS. <input type="checkbox"/> FLUSH DIFF. <input type="checkbox"/> WASH <input type="checkbox"/> POLISH | | CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL * | | | |
| Test, rear DIFF making bearing noise R/R rear DIFF replace bearing seals seals as needed, replace Bushings service grease as needed. | | | | | |
| METHOD OF PAYMENT: | | Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification. | | LABOR ONLY | |
| <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH | | GUARANTEED ITEM(S) | | PARTS | |
| LABOR | | GUARANTEE EFFECTIVE UNTIL: | | ACCESSORIES | |
| <input type="checkbox"/> FLAT RATE <input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> BOTH | | TIME | | GAS, OIL & GREASE | |
| <input checked="" type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS | | MILEAGE | | MISC. MERCHANDISE | |
| AUTHORIZED BY | | | | SUBLET REPAIRS | |
| | | | | STORAGE FEE | |
| | | | | TAX | |
| | | | | TOTAL | |

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. I will cancel repairs prior to their completion for any reason, a tear down and reassembly fee of \$_____ will be applied.

SIGNED

DATE

adams
GT3870
09-11

Fire 7
AT 71

Warranty on all parts Labor
MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

| | | | |
|---------------------|----------------------|-------|----------|
| NAME | Justin's Auto | PHONE | |
| ADDRESS | 944 Moran Creek R.D. | | |
| CITY, STATE, ZIP | Colville WA 99114 | | |
| 2ND AUTHORIZED NAME | | PHONE | 605 9965 |

| QTY. | PART NO. | NAME OF PART | PRICE | WARRANTY Y/N |
|--|----------|--------------|--------|--------------|
| 1 | | Water Pump | 139.27 | |
| 1/2 | | Anti-freeze | 15.12 | |
| 1 | | thermostat | 13.72 | |
| 1 | | Oil Filter | 14.67 | |
| 14 | | 15/40 | 48.96 | |
| 1/2 | | ATF | 11.18 | |
| TOTAL PARTS | | | | |
| MECHANICS RECOMMENDATIONS | | | | |
| Estimated cost \$ Estimate Charge Basis for Charge | | | | |

| | | | |
|--|--|--|----------------------------------|
| RECEIVED (DATE & TIME) A.M. P.M. | | CUSTOMER'S ORDER NO. | PROMISED (DATE & TIME) A.M. P.M. |
| 6/26/18 | | 0008759 | |
| YEAR • MAKE • MODEL | | SERIAL #/VIN | |
| 99 Ford F450 | | MOTOR # | |
| LICENSE NO. | | ODOMETER | WRITTEN BY |
| 77209C | | 052336 | Justin S |
| <input type="checkbox"/> LUBE <input type="checkbox"/> OIL CHANGE <input type="checkbox"/> FLUSH TRANS. <input type="checkbox"/> FLUSH DIFF. <input type="checkbox"/> WASH <input type="checkbox"/> POLISH | | | |
| CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL* | | | |
| Test Leaking pump R/R a | | | |
| needed change thermostat | | | |
| changed oil lube grease | | | |
| METHOD OF PAYMENT: | | Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification. | |
| <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH | | LABOR ONLY | |
| <input type="checkbox"/> FLAT RATE <input checked="" type="checkbox"/> HOURLY | | PARTS | |
| <input type="checkbox"/> BOTH | | ACCESSORIES | |
| <input type="checkbox"/> RETAIN PARTS | | GAS, OIL & GREASE | |
| <input checked="" type="checkbox"/> DESTROY PARTS | | MISC. MERCHANDISE | |
| AUTHORIZED BY | | SUBLET REPAIRS | |
| X | | STORAGE FEE | |
| | | TAX | |
| | | TOTAL ▶ | |

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INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- ☐ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- ☐ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- ☐ I DO NOT REQUEST A WRITTEN ESTIMATE.

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- ☐ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
- ☐ This amount includes a charge of \$_____, which is required under _____ law.

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Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$_____ will be applied.

SIGNED _____
DATE _____

adams
GT3370
09-11

~~Brush~~ Pumper 71

Warranty on all parts 1 year

| | | | |
|---------------------|--------------------|-------|--|
| NAME | JUSTINS AUTO | PHONE | |
| ADDRESS | 944 Moran Creek Rd | | |
| CITY, STATE, ZIP | Colville WA 99114 | | |
| 2ND AUTHORIZED NAME | | PHONE | |

| QTY. | PART NO. | NAME OF PART | PRICE | WARRANTY Y/N |
|---|----------|-------------------|--------|--------------|
| 1 | | Fuel Regulator | 83.19 | |
| 1 | | Mag Int. Pickup | 76.14 | |
| 1 | | MAF mass air flow | 27.45 | |
| 7/2 | | oil 10/30 | 34.17 | |
| TOTAL PARTS | | | 380.95 | |
| MECHANICS RECOMMENDATIONS | | | | |
| OBD Test OK wiring firing order short fixed, MAF, mag fuel ok to run. | | | | |
| Estimated cost \$ Estimate Charge Basis for Charge | | | | |

| | | | |
|--|--|--|----------------------------------|
| RECEIVED (DATE & TIME) A.M. P.M. | | CUSTOMER'S ORDER NO. | PROMISED (DATE & TIME) A.M. P.M. |
| 7/7/18 | | 0008761 | |
| YEAR MAKE MODEL | | SERIAL #/VIN | |
| 93 F700 | | MOTOR # | |
| LICENSE NO. | | ODOMETER | WRITTEN BY |
| B96496 | | | Justin |
| <input type="checkbox"/> LUBE <input type="checkbox"/> OIL CHANGE <input type="checkbox"/> FLUSH TRANS. <input type="checkbox"/> FLUSH DIFF. <input type="checkbox"/> WASH <input type="checkbox"/> POLISH | | | |
| CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL* | | | |
| Test short, in firing order replaced sensors, as needed fuel Reg sucking fuel replace with MAF as needed. OBD Test OK, check over Foraker's Belt hose's | | | |
| METHOD OF PAYMENT: | | Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification. | |
| <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH | | LABOR ONLY 249.13 | |
| LABOR | | PARTS 380.95 | |
| <input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH | | ACCESSORIES 630.08 | |
| <input type="checkbox"/> RETAIN PARTS <input checked="" type="checkbox"/> DESTROY PARTS | | GAS, OIL & GREASE | |
| AUTHORIZED BY | | MISC. MERCHANDISE | |
| | | SUBLET REPAIRS | |
| | | STORAGE FEE | |
| | | TAX 47.88 | |
| | | TOTAL 677.96 | |

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*Checked lines apply (Preparer must check at least one):

☐ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

☐ This amount includes a charge of \$ _____, which is required under _____ law.

SIGNED _____

DATE _____

adams GT3870 09-11

649 Elm Tree Drive
Colville, WA 99114

Voucher No. 18-90
Approval Date: 8-14-2018

| | |
|---------|----------------------|
| Name | Justin's Auto Repair |
| Address | 944 Moran Creek Rd |
| City | Colville |
| Phone | |

Vendor No. JUS840

| Date | Invoice No. | Description | Amount |
|-----------|-------------|---------------------------|---|
| 7/18/2018 | 002778 | Repair 07F450 Br 71 | labor 421.72 parts 104.94 tax 40.02 |
| | | TOTAL | 566.68 |
| | | Distribution 52210.0048 | \$566.68 |
| | | Total | 566.68 |

I, the undersigned do hereby certify under penalty of perjury, that sufficient funds have been budgeted for this claim, the materials have been furnished, the services rendered or performed as described herein and that the claim is a just, due and unpaid obligation against Stevens County, and that I am authorized to authenticate and certify to said claim.

Chairman

Commissioner

Commissioner

Secretary

Fire Dept
Brush 71

Warranty on all parts Labor
MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

| | | | |
|---------------------|-------------------|-------|---------|
| NAME | Justin's Auto | PHONE | |
| ADDRESS | 944 moan creek rd | | |
| CITY, STATE, ZIP | Colville WA 99114 | | |
| 2ND AUTHORIZED NAME | | PHONE | 6859965 |

| QTY. | PART NO. | NAME OF PART | PRICE | WARRANTY Y/N |
|-------------|----------|--------------|--------|--------------|
| 1 | | coil | 44.18 | |
| 10 | | plugs | 31.12 | |
| 7 | | 10/30 | 23.16 | |
| 1 | | filter | 6.48 | |
| TOTAL PARTS | | | 104.94 | |

| | | |
|---------------------------|-----------------|------------------|
| MECHANICS RECOMMENDATIONS | | |
| OBD Test Number 6 | | |
| Cly misfire | | |
| Estimated cost \$ | Estimate Charge | Basis for Charge |

| | | | | | |
|--|--|--|--|----------------------------------|--|
| RECEIVED (DATE & TIME) A.M. P.M. | | CUSTOMER'S ORDER NO. | | PROMISED (DATE & TIME) A.M. P.M. | |
| 7/18/18 | | 002778 | | | |
| YEAR • MAKE • MODEL | | SERIAL #/VIN | | | |
| 07 F450 | | | | | |
| LICENSE NO. | | ODOMETER | | WRITTEN BY | |
| | | | | Justin J | |
| <input type="checkbox"/> LUBE <input type="checkbox"/> OIL CHANGE <input type="checkbox"/> FLUSH TRANS. <input type="checkbox"/> FLUSH DIFF. <input type="checkbox"/> WASH <input type="checkbox"/> POLISH | | | | | |
| CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL* | | | | | |
| TEST OBD TEST misfire | | | | | |
| Broken plug stuck, tore | | | | | |
| down removed Broken plug cleaned | | | | | |
| Repair Threads Tune ADJUST AS needed | | | | | |
| METHOD OF PAYMENT: | | Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification. | | LABOR ONLY | |
| <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE | | | | 421.72 | |
| <input type="checkbox"/> CASH | | | | PARTS | |
| | | | | 104.94 | |
| LABOR | | GUARANTEED ITEM(S) | | ACCESSORIES | |
| <input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY | | | | 526.66 | |
| <input type="checkbox"/> BOTH | | GUARANTEE EFFECTIVE UNTIL: | | GAS, OIL & GREASE | |
| <input type="checkbox"/> RETAIN PARTS | | TIME | | MISC. MERCHANDISE | |
| <input type="checkbox"/> DESTROY PARTS | | MILEAGE | | SUBLET REPAIRS | |
| AUTHORIZED BY | | | | STORAGE FEE | |
| | | | | TAX | |
| | | | | 40.02 | |
| | | | | TOTAL | |
| | | | | 566.68 | |

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SIGNED _____

DATE _____

adams
GT3870
09-11

Stevens County Fire Protection District #7

649 Elm Tree Drive
Colville, WA 99114

Voucher No. 18-114
Approval Date: 10/9/2018

Claimant

Name Tina M. Pacerelli
Address 658 Hall Rd
City Colville WA ZIP 99114
Phone

Vendor No. PAC115

| | | | | | |
|--------------|--|-------------|----------|-----------|--------|
| 9/17/2018 | | supplies | Winco | | 98.07 |
| 9/17/2018 | | supplies | Walmart | | 150.04 |
| | | | | sub total | 248.11 |
| 10/8/2018 | | air pk batt | supplies | | 282.82 |
| TOTAL | | | | | 530.93 |
| Distribution | | | | | |
| 52210.0047 | | | | | |
| 52210.0031 | | | | | 530.93 |
| 52210.0035 | | | | | |
| Total | | | | | 530.93 |

I, the undersigned do hereby certify under penalty of perjury, that sufficient funds have been budgeted for this claim, the materials have been furnished, the services rendered or performed as described herein and that the claim is a just, due and unpaid obligation against Stevens County, and that I am authorized to authenticate and certify to said claim.

Chairman Michael Mac

Commissioner William M. Kemp

Commissioner Bob A. Hoken

Secretary Lynn Schiele

STEVENS COUNTY FIRE PROTECTION DISTRICT #7

REIMBURSEMENT FORM

NAME

Tina Paccerelli

ADDRESS

658 Hall Rd.

Colville Wa.

99114

DATE

9/17/18

I HEREBY REQUEST REIMBURSEMENT FOR:

SmartFood

Wines

by Tina P.

L.S.

TOTAL REIMBURSEMENT \$

248.11

CERTIFICATION:

I hereby certify under penalty of perjury that this is a true and correct claim and that no payment has been received by me on account thereof:

Signed

Tina M Paccerelli

Title

Firefighter

Wines

Tape

by Tina P.

L.S.

6:34

14:38

10:30

2:36

2:32

2:33

2:24

2:72

2:72

2:15

2:15

2:15

11:30

10:10

5:14

99-114

99-07

150.04
Smart Foodservice
Tina P.
L.S.

WinCo FOODS

The Supermarket Low Price Leader

www.wincofoods.com
9257 N. Nevada St
Spokane, WA 99218
Store #0068

Cashier: KELLY

09/17/18

12:35:12

| | | |
|----------------------------|--------|----|
| 2 @ 15.99 | | |
| CHARMIN T/ISS 3700099860 | 31.98 | T2 |
| 3 @ 6.54 | | |
| WINCO CAT LITR 7055210012 | 19.62 | T2 |
| KETCHUP SQZ 1300000103 | 6.78 | FS |
| LND OATMEAL CRM 2430004101 | 1.58 | FS |
| 2 @ 1.28 | | |
| PUDDING 4300020473 | 2.56 | FS |
| 2 @ 7.29 | | |
| EL MNTRY BURITO 7100714159 | 14.58 | FS |
| 4 @ 2.38 | | |
| REESES CHIPS 3400000144 | 9.52 | FS |
| 2 @ 2.74 | | |
| MILK CHOC MORSE 2800021760 | 5.48 | FS |
| J/DEAN S/E/C BS 7790047129 | 10.98 | FS |
| BROWN SUGAR 1580006232 | 1.83 | FS |
| 2 @ 2.98 | | |
| BISQUICK 400Z 1600042040 | 5.96 | FS |
| 2 @ 2.65 | | |
| GUI GRN MINT CH 7181802350 | 5.30 | FS |
| HUNTS SNK PK 2700041924 | 2.78 | FS |
| 2 @ 4.14 | | |
| NAB PREM SALT 4400004483 | 8.28 | FS |
| VANILLA CHIP 7181802300 | 3.42 | FS |
| NESTLE MORSELS 2800030397 | 6.98 | FS |
| VITAMIN 3160402576 | 8.54 | T2 |
| MONSTER 7084702784 | 2.45 | FS |
| 2 @ 8.23 | | |
| RZR SLIM2 MENS 84105802507 | 16.46 | T2 |
| 2.03 lb @ 4.28 / lb | | |
| CHOC BRIDGE MIX 2095 | 8.69 | FS |
| NAB OREO DBL 4400002854 | 2.98 | FS |
| NAB DBL STF CHC 4400002529 | 2.98 | FS |
| NAB DBL MNT/CRM 4400002542 | 2.98 | FS |
| 2 @ 1.48 | | |
| STENO BOOK 7575534110 | 2.96 | T2 |
| MURRAY COOKIE 8201110007 | 2.24 | FS |
| PUSH PINS 75CT 4249192612 | 1.14 | T2 |
| 2 @ 4.97 | | |
| O/IDA TATR TOTS 1312001203 | 9.94 | FS |
| HAM & CHEESE 12 4369507512 | 9.78 | FS |
| H/POCKET 4 MEAT 4369505103 | 9.78 | FS |
| 2 @ 2.42 | | |
| O/IDA TWIRLS 1312000455 | 4.84 | FS |
| 2 @ 2.16 | | |
| WINCO MIXED VEG 7055230120 | 4.32 | FS |
| KEEB CLUB CRCKR 3010010057 | 2.88 | FS |
| 4 @ 2.98 | | |
| J/Ville Sausage 7778202393 | 11.92 | FS |
| PORK, FRSH PIC 2031710000 | 8.13 | FS |
| 2 @ 5.94 | | |
| F/FARM CHKN 7527899547 | 11.88 | FS |
| 2 @ 7.16 | | |
| YUMMY CKN FRIES 6456322317 | 14.32 | FS |
| XLEAN FP STEW 20255800000 | 11.96 | FS |
| XLEAN FP STEW 20255800000 | 10.10 | FS |
| XLEAN FP STEW 20255800000 | 9.37 | FS |
| 6 @ 2.49 | | |
| H/SHIRE SMK CHS 4450005188 | 14.94 | FS |
| SUBTOTAL | 323.21 | |

Smart Foodservice®
WAREHOUSE STORES

** Welcome To Our Spokane Store **
Store # 573

WWW.SMARTFOODSERVICE.COM

Cashier: Steve

DATE 09/17/18

TIME 11:17:14

| | | |
|---------------------------|--------|--------|
| HERSHEY MIL 034000240005 | 24.09 | |
| 12" SS TONG 789313288311 | 7.49 | T |
| PCT HOLDER 034648051674 | 2.18 | T |
| FRITO LAY V 028400044042 | 14.95 | |
| CCCA-COLA C 049000014631 | 7.75 | T |
| CCCA-COLA C 049000014631 | 7.75 | T |
| 2 @ 5.13 | | |
| PEPSI COLA F/M 907372 | 10.26 | T |
| T/W 55 GALLON 693781 | 31.07 | T |
| MISSION 10 073731002490 | 6.89 | |
| F/S SHRED C 041512480447 | 11.74 | |
| SWT & SR SC 041390049026 | 5.39 | |
| SWT CHILI S 080736101301 | 3.84 | |
| MORTON SALT 024600010016 | 1.18 | |
| MORTON SALT 024600010016 | 1.18 | |
| GRN SPLIT PE 041512105708 | 3.57 | |
| F/S BLNS SK 041512023552 | 8.99 | |
| F/S BLNS SK 041512023552 | 8.99 | |
| 412W 12-OZ 041165922851 | 2.49 | T |
| 412W 12-OZ 041165922851 | 2.49 | T |
| KC CHKN FRIED BF 112631 | 43.32 | |
| SIG SUP CORDON BL 153221 | 37.33 | |
| FOAM RICE B 020648000675 | 7.15 | T |
| CREAMER LIO 346871 | 19.19 | |
| FCIL # 620 276341 | 37.39 | T |
| CREAMER LIO 050000351152 | 5.39 | |
| CREAMER LIO 050000351152 | 5.39 | |
| BAKING SODA 033200011705 | 3.29 | |
| F/S PROC AM 041512454812 | 9.17 | |
| GARLIC PPR 011210007055 | 3.67 | |
| GRT NRTHERM 041512105685 | 4.71 | |
| ANGUS GRND 027132083065 | 18.29 | |
| ANGUS GRND 027132083065 | 18.29 | |
| DAILY'S 10/1 079618386084 | 19.34 | |
| 9.02 lb @ \$ 1.77 / lb | | |
| CHRMN BNLS 207661000008 | 15.97 | |
| SCY SCE KIK 0-1590701505 | 4.79 | |
| SUBTOTAL | 415.04 | |
| Sales Tax | 10.21 | |
| TOTAL | 425.25 | |
| Debit | TENDER | 425.25 |
| Cash | CHANGE | .00 |

TOTAL NUMBER OF ITEMS THIS VISIT--> 36

***** Electronic Payment Activity *****
09/17/2018 11:22:23
US DEBIT Entry Method: Chip

STEVENS COUNTY FIRE PROTECTION DISTRICT #7

REIMBURSEMENT FORM

NAME Tina Paccerelli
 ADDRESS 658 Hall Rd.
Colville Wa.
99114
 DATE 10/8/2018

I HEREBY REQUEST REIMBURSEMENT FOR:

Station Supplies + Batteries
 for air packs.

248-11 +
 181-31 +
 570-93 *

303.85
 - 21.00 Coupons
282.82

TOTAL REIMBURSEMENT \$ 282.82

CERTIFICATION:

I hereby certify under penalty of perjury that this is a true and correct claim and that no payment has been received by me on account thereof:

Signed Tina M Paccerelli

Title Firefighter



Spokane #670
 5601 East Sprague Ave
 Spokane, WA 99212

Y9 Member 300201922001 282.82
 *****Bottom of Basket*****

12 @ 9.69
 E 1201098 FOLGERS 510Z 116.28
 E 897 DR PEPPER ** 9.99 A
 E 897 DR PEPPER ** 9.99 A
 E 897 DR PEPPER ** 9.99 A
 E 577 PEPSI ** 9.99 A
 E 577 PEPSI ** 9.99 A
 E 887 MT DEW ** 9.99 A
 E 854330 CLS COKE 35 10.99 A
 E 854330 CLS COKE 35 10.99 A
 E 1246015 LYSOL AL PUR 8.99 A
 E 1244567 *CAT LITTER* 8.79 A
 E 1244567 *CAT LITTER* 8.79 A
 E 1055688 PRINGLES30CT 12.99 -
 2 @ 10.89
 E 450195 NUTRA CAT 10.89 21.78 A
 *****BOB Count 26*****

4 @ 13.99
 E 258141 KS OMEPRZ 42 55.96 A
 E 375283 NM MAGNES150 12.99 A
 E 375283 NM MAGNES150 12.99 A
 E 375283 NM MAGNES150 12.99 A
 E 24000 HERSHEY BARS 21.99
 E 663324 MINT TRUFFLE

DATE 04/05/19
TIME 22:56

Stevens County Washington
FIRE DISTRICTS

KEYPLACE
234 N MAIN
COLVILLE WA 991140000

VOUCHER # 59485
VENDOR # KEY600

| DATE | INVOICE NUMBER | ACCOUNT AND DESCRIPTION | AMOUNT |
|----------|---------------------|--------------------------------------|--------|
| 04/05/19 | 0000000000023424419 | 655-007-010 52210-0048-999999-999999 | 640.41 |
| | | LOCK INSTALLATION | |
| | | TOTAL | 640.41 |

AUDITED BY _____ DATE _____ *

*

I, the undersigned do hereby certify under *
penalty of perjury, that materials have *
been furnished, the services rendered or *
the labor performed as described herein, *
and that the claim is just, due and unpaid *
obligation against Stevens County, and that *
I am authorized to authenticate and certify *
to said claim. *

*

*

*

DEPARTMENT HEAD

*

Keyplace Safe & Lock

234 N. Main
Colville WA 99114

509-684-3605

Statement

Date

3/25/2019

To:

Arden Fire Department
649 Elm Tree Dr.
Colville WA 99114
Attention: Joe Paccarelli

| Date | Transaction | Amount | Balance |
|------------|------------------------------------|--------|---------|
| 03/13/2019 | INV #23424. Orig. Amount \$640.41. | 640.41 | 640.41 |

| 1-30 DAYS | 31-60 DAYS | 61-90 DAYS | OVER 90 DAYS | Amount Due |
|-----------|------------|------------|--------------|------------|
| 640.41 | 0.00 | 0.00 | 0.00 | \$640.41 |



234 N. Main Colville, Wash. 99114
Voice: 509-684-3605 Fax: 509-685-0139
e-mail: jim@thekeyplace.com

Invoice

| Date | Invoice # |
|-----------|-----------|
| 3/13/2019 | 23424 |

KSL Service #

Arden Fire Department
649 Elm Tree Dr.
Colville WA 99114
Attention: Joe Paccereilli

| P.O. # / Reference | Terms |
|--------------------|-------|
| Door# 7 | KSL |

| Item | Quant... | Description | Price | Amount |
|--------|----------|---|--------|--------|
| 844270 | 1 | AL DL2700 Digital Lock - 100 Users / Keypad Programmable (w/o audit trail & time zones) / One time emergency access code / Programmable delay entry or key bypass / Grade 1 | 494.25 | 494.25 |
| 4351 | 1 | Peaks Deadbolt/Lever Cylinder KA# AD111 & AD121 | 45.93 | 45.93 |
| INST | 1 | Lock Installation | 35.00 | 35.00 |
| SC | 1 | Service Call | 20.00 | 20.00 |

Subtotal \$595.18

Sales Tax (7.6%) \$45.23

Total Due \$640.41

Signature

Print Name

DATE 05/08/19
TIME 13:53

Stevens County Washington
FIRE DISTRICTS

BIG JOHN'S SPRAYING & LANDSCAP
PO BOX 203
ELK WA 990090000

VOUCHER # 60438

VENDOR # BIG460

| DATE | INVOICE NUMBER | ACCOUNT AND DESCRIPTION | AMOUNT |
|----------|---------------------|---|----------|
| 05/08/19 | 0000000000000063718 | 655-007-010 52210-0041-99999-999999 WEED CONTROL | 1,097.52 |
| | | TOTAL | 1,097.52 |

AUDITED BY _____ DATE _____ *

I, the undersigned do hereby certify under *
penalty of perjury, that materials have *
been furnished, the services rendered or *
the labor performed as described herein, *
and that the claim is just, due and unpaid *
obligation against Stevens County, and that *
I am authorized to authenticate and certify *
to said claim. *

*
*

*

DEPARTMENT HEAD

*

Big John's

SPRAYING & LANDSCAPING

Phone #(509)292-8447

Fax # (509)292-9693

39910 N DUNN ROAD

P.O.BOX. 203

ELK, WA. 99009

Bill To

ARDEN FIRE DEPT.
649 ELM TREE DR.
COLVILLE, WA.99114

STATEMENT

Date

4/29/2019

| DATE | INVOICE # | DESCRIPTION | AMOUNT |
|-----------|-----------|--|---------|
| 4/27/2019 | 63716 | BAREGROUND WEED CONTROL (TOUCH UP INCLUDED)#71-Main Station-Highway 395(North property Along Elm Tree Drive | 250.00T |
| 4/27/2019 | 63715 | BAREGROUND WEED CONTROL (TOUCH UP INCLUDED)#71-Main Station-Highway 395 | 190.00T |
| 4/27/2019 | 63717 | BAREGROUND WEED CONTROL (TOUCH UP INCLUDED)#72-Kit Narcissus Creek Road | 290.00T |
| 4/27/2019 | 63718 | BAREGROUND WEED CONTROL (TOUCH UP INCLUDED)#73-Storage Yard-Training Center-Hall Road | 290.00T |

THANK YOU FOR YOUR BUSINESS

(Accounts over 30 days are subject to 1.5% per month
finance charge.)

Subtotal \$1,020.00

Sales Tax (7.6%) \$77.52

TOTAL \$1,097.52

Big John's

SPRAYING AND LANDSCAPING

INVOICE
63717

Spokane & Vicinity 1-509-292-8447
Toll Free 1-888-292-8447
Fax (509) 292-9693
39910 N. DUNN ROAD
P.O. BOX 203
ELK, WA 99009-0203

NAME / ADDRESS

ARDEN FIRE DEPT.
649 ELM TREE DR.
COLVILLE, WA.99114

PHONE

685-9415 JOE 675-4652

SERVICE ADDRESS

#72-KIT NARCISSUS CREEK ROAD

DATE

4/27/19

DESCRIPTION - INSTRUCTIONS

BAREGROUND WEED CONTROL
(TOUCH UP INCLUDED)

AMOUNT

290.00T

PLEASE PAY FROM THIS INVOICE

Accounts over 30 days are subject to 1½% per month finance charge.

THANK YOU

SERVICES ORDERED THIS SEASON

CHEMICALS USED & RATE PER 100 GALLONS OF SPRAY

Permethrin
Portaflex
24W
Overt
Atypheus
Renella

| | |
|------------------|----------|
| SUBTOTAL | \$290.00 |
| SALES TAX (7.6%) | \$22.04 |
| TOTAL | \$312.04 |

Truck # *5* Time of Day *1100* Wind *SW*
Driver *John* Temperature *55* Direction _____

Big John's

SPRAYING AND LANDSCAPING

INVOICE

63716

Spokane & Vicinity 1-509-292-8447

Toll Free 1-888-292-8447

Fax (509) 292-9693

39910 N. DUNN ROAD

P.O. BOX 203

ELK, WA 99009-0203

NAME / ADDRESS

ARDEN FIRE DEPT.
649 ELM TREE DR.
COLVILLE, WA.99114

PHONE

685-9415 JOE 675-4652

SERVICE ADDRESS

#71-MAIN STATION-HIGHWAY 395

DATE

4/27/19

DESCRIPTION - INSTRUCTIONS

BAREGROUND WEED CONTROL
(TOUCH UP INCLUDED) North property along Elm
Tree Drive

AMOUNT

250.00T

PLEASE PAY FROM THIS INVOICE

Accounts over 30 days are subject to 1½% per month finance charge.

THANK YOU

SERVICES ORDERED THIS SEASON

CHEMICALS USED & RATE PER 100 GALLONS OF SPRAY

Portaflex
Dart
Perspective
C. L. F. 100
2.410
Dorcelli

SUBTOTAL \$250.00

SALES TAX (7.6%) \$19.00

TOTAL \$269.00

Truck

#5

Time of Day

1030

Wind

54

Driver

John

Temperature

55

Direction

Big John's

SPRAYING AND LANDSCAPING

INVOICE

63718

Spokane & Vicinity 1-509-292-8447

Toll Free 1-888-292-8447

Fax (509) 292-9693

39910 N. DUNN ROAD

P.O. BOX 203

ELK, WA 99009-0203

NAME / ADDRESS

ARDEN FIRE DEPT.
649 ELM TREE DR.
COLVILLE, WA.99114

PHONE

685-9415 JOE 675-4652

SERVICE ADDRESS

#73-STORAGE YARD-TRAINING CENTER(HALL RD)

DATE

4/27/19

DESCRIPTION - INSTRUCTIONS

BAREGROUND WEED CONTROL
(TOUCH UP INCLUDED)

AMOUNT

290.00T

PLEASE PAY FROM THIS INVOICE

Accounts over 30 days are subject to 1½% per month finance charge.

THANK YOU

SERVICES ORDERED THIS SEASON

well come back + do get area

CHEMICALS USED & RATE PER 100 GALLONS OF SPRAY

Portfolios
Perceptis
Quest
240
Glyphos
Donelli

SUBTOTAL \$290.00

SALES TAX (7.6%) \$22.04

TOTAL \$312.04

Truck

#5

Time of Day

900

Wind

SW

Driver

John

Temperature

53

Direction

Big John's

SPRAYING AND LANDSCAPING

INVOICE
63715

Spokane & Vicinity 1-509-292-8447
Toll Free 1-888-292-8447
Fax (509) 292-9693
39910 N. DUNN ROAD
P.O. BOX 203
ELK, WA 99009-0203

NAME / ADDRESS

ARDEN FIRE DEPT.
649 ELM TREE DR.
COLVILLE, WA.99114

PHONE

685-9415 JOE 675-4652

SERVICE ADDRESS

#71-MAIN STATION-HIGHWAY 395

DATE

4/27/19

DESCRIPTION - INSTRUCTIONS

BAREGROUND WEED CONTROL
(TOUCH UP INCLUDED)

AMOUNT

190.00T

PLEASE PAY FROM THIS INVOICE

Accounts over 30 days are subject to 1½% per month finance charge.

SERVICES ORDERED THIS SEASON

CHEMICALS USED & RATE PER 100 GALLONS OF SPRAY

Portfolan
Out
240
Perspective
6 1/2 lbs
Durelle

| | |
|------------------|----------|
| SUBTOTAL | \$190.00 |
| SALES TAX (7.6%) | \$14.44 |
| TOTAL | \$204.44 |

THANK YOU

Truck #5 Time of Day 945 Wind SW
Driver John Temperature 55 Direction _____

DATE 07/12/19
TIME 11:54

Stevens County Washington
FIRE DISTRICTS

OXARC INC
PO BOX 2605
SPOKANE WA 992202605

VOUCHER # 62229
VENDOR # OXA610

| DATE | INVOICE NUMBER | ACCOUNT AND DESCRIPTION | AMOUNT |
|----------|---------------------|-------------------------------------|--------|
| 07/12/19 | 0000000000075040719 | 655-007-010 52210-0045-99999-999999 | 142.31 |
| | | CYLINDER RENTAL | |
| | | TOTAL | 142.31 |

AUDITED BY _____ DATE _____ *

*

I, the undersigned do hereby certify under *
penalty of perjury, that materials have *
been furnished, the services rendered or *
the labor performed as described herein, *
and that the claim is just, due and unpaid *
obligation against Stevens County, and that *
I am authorized to authenticate and certify *
to said claim. *

*

*

*

DEPARTMENT HEAD

*

STATEMENT



CUSTOMER NUMBER

07504

STATEMENT DATE

06/30/19

PLEASE REMIT TO:



P.O. BOX 2605
SPOKANE, WA 99220-2605
PLEASE RETURN THIS PORTION WITH PAYMENT

BILLING INQUIRIES: 800-535-8894
509-535-7794

4221-2

STEVENS COUNTY DIST #7
649 ELM TREE DR
COLVILLE WA 99114-9766



TO INSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE REFER TO THE DATE AND INVOICE NUMBER OF ALL REMITTANCES.
ALL INVOICES UNPAID 30 DAYS AFTER INVOICE DATE ARE SUBJECT TO A LATE CHARGE OF 1.75% PER MONTH (ANNUAL
PERCENTAGE RATE IS 21%) OR A MINIMUM OF \$2.00. CREDIT REFUSED TO ACCOUNTS 60 DAYS DELINQUENT. PAYMENTS,
CREDITS OR CHARGES RECEIVED AFTER OUR CLOSING DATE THIS MONTH WILL APPEAR ON YOUR NEXT STATEMENT.

ACCOUNT NAME

STEVENS COUNTY DIST #7

BR#

STATEMENT DATE

CUSTOMER NUMBER

COL

06/30/19

07504

| DATE | CODE | INVOICE NO | ORDER NUMBER | CHARGE/CREDITS | BALANCE | INVOICE NO. | AMOUNT |
|------------------------|------|------------|--------------|----------------|---------|-----------------|--------|
| 05/31/19 | 1 | 60396943 | | 72.26 | 72.26 | 60396943 | 72.26 |
| 06/30/19 | 1 | 60418315 | | 70.05 | 142.31 | 60418315 | 70.05 |
| LAST PAYMENT: 05/22/19 | | | | 70.05 | | | |
| TOTAL BALANCE * | | | | | 142.31 | TOTAL BALANCE * | 142.31 |

CODES:
1-SALE 3-CR. MEMO 5-DEBIT
2-PAYMENT 4-SER. CHARGE MEMO

| CURRENT | 31-60 DAYS | 61-90 DAYS | OVER 90 DAYS |
|---------|------------|------------|--------------|
| 142.31 | .00 | .00 | .00 |

(509) 535-7794
4003 E Broadway
SPOKANE, WA

(541) 389-2033
20525 Robal Road #107
BEND, OR

(208) 376-0377
2076 Century Way
BOISE, ID

(208) 765-3311
3530 Ramsey Rd
CDA, ID

(509) 684-3776
328 W 1st
COLVILLE, WA

(509) 925-1518
907 N Prospect St
ELLENSBURG, WA

(503) 618-1625
19310 NE San Rafael St
PDRTLAND, OR

(541) 567-7377
80492 N Hwy 395
HERMISTON, OR

(541) 963-2890
10105 W 1st St
ISLAND CITY, OR

(208) 743-6571
2513 3rd Ave N
LEWISTON, ID

(509) 765-9247
1500 E Wheeler Rd
MOSES LAKE, WA

(208) 442-8910
1901 N Bingham St
NAMPA, ID

(509) 826-3205
2256 Elmway
OKANOGAN, WA

(509) 547-2494
716 S Orenon Ave

(208) 263-1016
730 Vermeer Dr

(509) 535-7794
3417 F Springfield

(509) 837-6212
509 Spruce Rd

(541) 296-0012
900 E 3rd St

(509) 529-3060
11 N 4th Ave

(509) 662-8417
291 Ohme Garden Rd

(509) 248-0827
1004 E Mead Ave
YAKIMA, WA

CYLINDER RENTAL INVOICE



STEVENS COUNTY DIST #7
649 ELM TREE DR
COLVILLE WA 99114

| | |
|--------------------|-----------|
| CUSTOMER: 07504 | PAGE: 1 |
| INVOICE: 60418315 | |
| INV DATE: 06/30/19 | |
| SALESPERSON: 040 | TERR: 004 |
| BRANCH: COL | |
| P/O: | |
| TERMS: NET 30 | |

PLEASE EXAMINE THIS STATEMENT AT ONCE AND
REPORT ANY DISCREPANCIES WITHIN TEN DAYS.

S STEVENS COUNTY DIST #7
H
I 649 ELM TREE DR
P COLVILLE WA 99114

T
O

Haz Mat and Compliancy Charges: This is to certify that the herein named materials are properly classified, packaged, marked and labeled and are in the proper condition for transportation according to the applicable regulations of the Department of Transportation. The hazardous material charge is intended to cover the increasing costs faced by Oxarc, Inc. in complying with Federal, State and local regulations involving the storage, transportation and disposal of hazardous material.

| | |
|-----------------|-------|
| INVOICE AMOUNT: | 70.05 |
|-----------------|-------|

[illegible]

| | |
|------|------|
| TAX: | 4.95 |
|------|------|

THE VALUE OF THE LOANED
CYLINDERS YOU HAVE ASSUMED
RESPONSIBILITY FOR IS

4956.00

Above **CYLINDER BALANCE** shows all cylinders charged to your account at the end of above month.
IF YOUR COUNT DOES NOT AGREE PLEASE ADVISE WITHIN 30 DAYS OF THE INVOICE DATE.
KEEP CYLINDERS IN SERVICE

| | | |
|--------------|----------|--------------|
| TOTAL | ▶ | 70.05 |
|--------------|----------|--------------|

1. Reduce cylinder stocks to the minimum. With prompt delivery service only minimum stocks are needed.
2. Return the "dead heads." Look in the corners and out-of-the-way places in your shop or yard for cylinders that have been used and forgotten. They clutter up your shop and are of no use out of service.
3. Make this a continuous program. Your cooperation will help to keep you supplied with oxygen, acetylene and other gases.

* DEPOSITS & LEASES REPRESENT PRE-PAID RENTAL ON CYLINDERS.

FOR CHEMICAL EMERGENCY, SPILL, LEAK, FIRE,
EXPOSURE OR ACCIDENT CALL CHEMTREC-DAY OR NIGHT
800-424-9300
(703) 741-5000 FOR INFO.

REMIT TO: P.O. BOX 2605
SPOKANE, WA 99220-2605

(509) 535-7794
4003 E Broadway
SPOKANE, WA

(541) 389-2033
20525 Robal Road #107
BENO, OR

(208) 376-0377
2076 Century Way
BOISE, ID

(208) 765-3311
3530 Ramsey Rd
CDA, ID

(509) 684-3776
328 W 1st
COLVILLE, WA

(509) 925-1518
907 N Prospect St
ELLENSBURG, WA

(503) 618-1625
19310 NE San Rafael St
PORTLAND, OR

(541) 567-7377
80492 N Hwy 395
HERMISTON, OR

(541) 963-2890
10105 W 1st St
ISLAND CITY, OR

(208) 743-6571
2513 3rd Ave N
LEWISTON, ID

(509) 765-9247
1500 E Wheeler Rd
MOSES LAKE, WA

(208) 442-8910
1901 N Bingham St
Nampa, ID

(509) 826-3205
2256 Elmway
OKANOGAN, WA

(509) 547-2494
716 S Oregon Ave
PASCO, WA

(208) 263-1016
730 Vermeer Dr
PONDERAY ID

(509) 535-7794
3417 E Springfield
SPOKANE, WA

(509) 837-6212
509 Scoon Rd
SUNNYSIDE, WA

(541) 296-0012
900 E 3rd St
THE OALLES, OR

(509) 529-3060
11 N 4th Ave
WALLA WALLA, WA

(509) 662-8417
291 Ohme Garden Rd
WENATCHEE, WA

(509) 248-0827
1004 E Mead Ave
YAKIMA, WA



Accurate Striping
PO Box 9247
Spokane, WA 99209
(509) 230-6228
koolwagon@yahoo.com

BILL TO
Chief Joe Paccereilli
Stevens County Fire District 7
649 Elm Tree Dr.
Colville, WA 99114

Invoice 2018-1381

DATE 07/19/2019 TERMS Net 30

DUE DATE 08/18/2019

SALES REP
Dan

| DATE | ACTIVITY | DESCRIPTION | QTY | RATE | AMOUNT |
|------------|----------------|---|-------|------|------------|
| 07/19/2019 | Asphalt paving | Stevens County Fire District #7 Arden, WA Saw cut, remove and replace asphalt up to 4" thick, compacted, pave in two lifts. Remove failed base as needed, add up to 6" of new base rock compacted. Slope drainage towards fenced grassy area. Projected job time duration 4 days. Repair up to 2,700 square feet. Note: there may be additional repairs needed below grade that may need attention once the work area is opened up. If so additional costs may be incurred. | 2,700 | 6.00 | 16,200.00T |

| | |
|------------------|--------------------|
| SUBTOTAL | 16,200.00 |
| TAX (7.6%) | 1,231.20 |
| TOTAL | 17,431.20 |
| TOTAL DUE | \$17,431.20 |

Your parking area means A-LOT to us.