

O/VEND FCN CN VENDOR 123870 VENDOR FILE CONTROL

PHONE NUMBER FAX NUMBER TYPE 1099 1099 I.D. OLD VENDOR NO. MIN  
(===) ===-==== (===) ===-==== EMPL N \$\$\$\$\$\$\$\$\$\$\$\$\$\$ ===== N

*Michaels Trucking*

NAME DWIGHT MICHAELS  
ADDR 600 1/2 ENDICOTT  
CITY/STATE FORT COLLINS CO ZIP CODE 80524-=====

LAST YEAR 0.00+ MAX ===== == VENDOR CLASS AND STATUS  
YEAR TO DATE 0.00+ =====  
YEAR END STAT \* DISCOUNT N TAX \$ \$\$ =====

CONTACT NAME =====  
ACCTS PAYABLE ADDRESS 1 \$  
ACCTS PAYABLE ADDRESS 2 \$  
ACCTS PAYABLE CITY/ST \$ ZIP \$\$\$\$\$-\$\$\$\$\$  
CONTRACT COUNTER \$\$

CONTRACT	NAME	FND	CC	OBJ	PROJ	AMOUNT
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$