

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

Michael's 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	NAME	FND	CC	OBJ	PROJ	AMOUNT
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$\$. \$\$