

O/VEND FCN CN VENDOR 10025 VENDOR FILE CONTROL

PHONE NUMBER FAX NUMBER TYPE 1099 1099 I.D OLD VENDOR NO MIN
(970) 493-2347 (===) ===-===== NORM Y 84-1119062 00000000227587 N

NAME BIVENS CONSTRUCTION AARON &/OR TRACIE BIVENS
ADDR 3900 IDEAL DR
CITY/STATE FORT COLLINS CO ZIP CODE 80524-=====

LAST YEAR 29,453 00+ MAX ===== == VENDOR CLASS AND STATUS
YEAR TO DATE 530.00+ =====
YEAR END STAT * DISCOUNT \$ 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
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$\$. \$\$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$ \$
\$\$\$\$\$\$	\$	\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$	\$\$\$\$\$\$ \$