

RECEIVED

MAY 27 2010

DEPARTMENT OF
WATER RESOURCES

**Idaho Panhandle
National Forests**

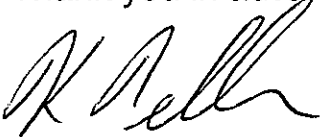
Memo

To: Emalee Rushing
From: Kent Wellner
Date: 5/21/2010
Re: Receipt for payment

Emalee – Would you please send me a receipt for the payment so that I can provide that to our procurement folks. You can send the receipt to:

Kent Wellner
c/o Idaho Panhandle National Forests Supervisor's Office
3815 Schreiber Way
Coeur d'Alene Idaho 83815

Thank you in advance for your help.



Kent Wellner
IPNF Recreation Program Manager

PROCUREMENT REQUEST INSTRUCTIONS: Agencies must provide entries in unshaded areas. See reverse.		(Procurement Office) IPNF Purchasing Agent - Lori Braley						1. REQUESTING OFFICE IPNF				
2 RECEIVING OFFICE NO.	3 CONTRACT NUMBER	4 ORDER DATE	5	6 UNIT CODE	7 FUND CODE	8 PURCHASE/DELIVERY ORDER NUMBER	9 SUB.	1A. PROCUREMENT REQUEST NO. 04-10-REC-17				
		5/20/2010		0104				1B. DATE May 20, 2010				
CHECK ONE ☒ Purchase Order ☐ Delivery Order		10. TO: (Seller) Idaho Department of Water Resources 322 East Front Street PO Box 83720 Boise Idaho 83720-0098				11. SHIP TO: (Consignee and Destination) IPNF - Attention Lori Braley 3815 Schreiber Way Coeur d'Alene, ID. 83815 ☐ INSIDE DELIVERY REQUESTED						
12 LINE ITEM	13 ACT. CODE	14 DESCRIPTION				15 BUDGET OBJECT	16 ACC. LINE	17 QUANTITY	18 UNIT ISSUE	19 UNIT PRICE	20 AMOUNT	
1		Water Right #92-10017 - Proof of Beneficial Use processing fee					1	1	EA	\$ 125.00	\$ 125.00	
2		Water Right #92-10018 - Request for Extension of Time processing fee					1	1	EA	\$ 50.00	\$ 50.00	
For additional information, Please contact: Kent Wellner 765-7214 TECHNICAL CONTACT TELEPHONE NO.												
21 FOB POINT						22 DISCOUNT TERMS				25 Sub-Total ► \$ 175.00		
23 REQUIRED DELIVERY (Do not use ASAP)		23A NEGOTIATED DELIVERY		24 SHIP VIA		26 ESTIMATED FREIGHT		27 TOTAL ► \$ 175.00				
28 ACC. LINE	29 ACCOUNTING CLASSIFICATION										30 DISTRIBUTION	31 AMOUNT
	A 5	B 10	C 5	3	D 4	E 1	4	1	2			
1						NFRW04			100%	\$ 175.00		
RECOMMENDED SOURCE(S) (If necessary, use attachment)						I certify that the above items are necessary for use in the public service. TITLE Recreation Program Manager SIGNATURE OF AUTHORIZED REPRESENTATIVE						