

NAME Transit Solutions, Inc.

VENDOR CODE 8058

ADDRESS 173 E. Badger Rd.
Madison, WI 53713

PAYMENT VOUCHER
DANE COUNTY, WISCONSIN

ATTENTION VENDOR: The Following Is Required For Payment.

- 1) AUTHORIZED SIGNATURE & ITEMIZATION ON THIS VOUCHER. OR 2) AN ITEMIZED INVOICE.

VENDOR INVOICE NO.	QUANTITY	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	UNIT PRICE	TOTAL
		<u>January 2015</u>		
	<u>18.5</u>	<u>Cliffingham Shuttle</u>	<u>46.35</u>	<u>857.48</u>
	<u>482.5</u>	<u>Group Access #3761</u>	<u>46.35</u>	<u>22,363.88</u>
	<u>318.7</u>	<u>Aging WC/SC/SE #9131</u>	<u>36.29</u>	<u>11,567.44</u>
	<u>165.0</u>	<u>Fitchburg/Verona #9132</u>	<u>36.29</u>	<u>5,987.85</u>
	<u>8.0</u>	<u>North East #9133</u>	<u>36.29</u>	<u>290.32</u>
		<u>OK MJC</u> <u>2/10/15</u>		
				<u>41,066.97</u>

I hereby certify that the above itemized claim for _____ Dollars (\$41,066.97) is true and correct and no portion of the same has been paid.

CERTIFIED BY (SIGNATURE) [Signature]
TITLE President DATE 2-3-15

Line No.	COUNTY INVOICE NO. (ACCOUNTING ONLY)	Fund	Agency	Organization	Sub-Obj.	Activity	Obj.	Sub-Obj.	Revenue Source	Sub-Rev.	JOB NUMBER	Reporting Category	SS Account	Disc. Type	AMOUNT	I / P / DIF
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																

TOTAL

THE ABOVE IS HEREBY APPROVED FOR PAYMENT

COMMITTEE (IF REQUIRED) _____ FINANCE COMMITTEE _____ AGENCY (IF REQUIRED) _____

VOUCHER NO.:

NAME Transit Solutions, Inc.
 OR ADDRESS 173 E Badger Rd.
Madison, WI 53713

VENDOR CODE 8058
PAYMENT VOUCHER
DANE COUNTY, WISCONSIN

ATTENTION VENDOR: The Following Is Required For Payment.

- 1) AUTHORIZED SIGNATURE & ITEMIZATION ON THIS VOUCHER. OR 2) AN ITEMIZED INVOICE.

VENDOR INVOICE NO.	QUANTITY	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	UNIT PRICE	TOTAL
		February 2015		
	18.0	B. Hingham Shuttle	46.35	834.30
	475.75	Group Access #3762	46.35	21,958.31
	319.75	Aging NE/SC/SE #9131	36.29	11,603.73
	165.0	Fitchburg/Vernonia #9132	36.29	5,987.85
	8.5	North Coast #9133	36.29	308.47
		OK NISC 3/10/15		40,692.66

I hereby certify that the above itemized claim for _____ Dollars (\$ 40,692.66) is true and correct and no portion of the same has been paid.

CERTIFIED BY (SIGNATURE): [Signature]
 TITLE: Resident
 DATE: 3-2-15

Line No.	COUNTY INVOICE NO. (ACCOUNTING ONLY)	Fund	Agency	Organization	Sub-Org.	Activity	Obj.	Sub-Obj.	Revenue Source	Sub-Rev.	JOB NUMBER	Reporting Category	BS Account	Disc. Typ.	AMOUNT	P	DIF
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	

TOTAL 40,692.66

THE ABOVE IS HEREBY APPROVED FOR PAYMENT

COMMITTEE (IF REQUIRED) _____ FINANCE COMMITTEE _____ AGENCY (IF REQUIRED) [Signature]

VOUCHER NO.