

STATE OF WASHINGTON
DEPARTMENT OF RETIREMENT SYSTEMS
P.O. Box 9018 Olympia, Washington 98507-9018

EMPLOYER INVOICE

INVOICE DATE:12/01/1998

INVOICE # :123456

BELLTOWN, CITY OF
1639 MAIN ST
BELLTOWN, WA 98000

REPORT GROUP : 0000
SYSTEM/PLAN: PERS Plan 1

REGARDING : SMITHSON, JANET
SSN : 999-99-9999
REASON FOR INVOICE: ER INV-OVERREFUND OF MEMBER'S ACCOUNT
PERIOD COVERED : APRIL 1998

This invoice represents member contributions due from your organization as a result of contribution corrections for the above period(s) after a refund of retirement contributions was issued for the above member.

EMPLOYER CONTRIBUTION: \$.00
EMPLOYER EXPENSE : \$.00
EMPLOYEE CONTRIBUTION: \$45.56

AMOUNT DUE : \$45.56

DUE BY : 01/15/1999

Your statement of account activity will show this amount as line item AB.

Please submit payment to: Department of Retirement Systems
P.O. Box 9018
Olympia, WA 98507-9018

If you have questions, please call [the name and number of a DRS staff member
will appear here].