

The Climate Registry

June 5, 2008

Division of Air Quality
1601 Mail Service Center
Raleigh, NC 27699
Attn: Brock Nicholson

Dear Brock Nicholson,

We are very grateful that North Carolina is a member of The Climate Registry, and we are pleased about the organization's growth and success over the past year.

Thank you for approving the Fiscal Year 2009 budget at the Board of Directors meeting in Chicago; we greatly appreciate the willingness of the states and provinces to support The Climate Registry during its second year. We do anticipate that this will be the final year of support that The Climate Registry will need from its member states and provinces.

Please find attached an invoice in the amount we proposed for last Fiscal Year's voluntary contribution. Your contribution is very meaningful to our constituents and significantly enhances our ability to deliver our mission.

Warm Regards,

Diane Wittenberg
Executive Director

For your records: FEIN# 20-8728170



THE CLIMATE REGISTRY

P. O. Box 712545
Los Angeles, CA 90071-9998

Invoice

The Climate Registry

Invoice Date: 6/5/2008

Invoice #: 1358

Bill To:

208728170-01

Division of Air Quality
1601 Mail Service Center
Raleigh, NC 27699
Attn: Brock Nicholson

53-5830 FY09
1770-7703

OK to pay
[Signature]

Description

Total

Membership Contribution - The Climate Registry 2008

50,000.00

OK to pay after
1 July 08
Brock Nicholson

**

Please Remit Contributions to:
Accounts Receivable
The Climate Registry
P.O. Box 712545
Los Angeles, CA 90071-9998

Total

\$50,000.00

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
CASH DISBURSEMENTS CODE SHEET

PLEASE USE YOUR TAB KEY TO ACCESS AVAILABLE FIELDS

Division: AIR QUALITY

Vendor Number: 208728170 Grp. Letter: 01 New Vendor

Vendor Name: THE CLIMATE REGISTRY

Vendor Address: PO BOX 712545
LOS ANGELES, CA 90071

Remit Code/ Message: MEMBER CONTRIBUTION
DAQ

Buy Entity: 16E FY: _____

PO Number: _____ Partial Pmt.

PO Line #: _____ (Required) AMT: _____

PO Line #: _____ (Required) AMT: _____

PO Line #: _____ (Required) AMT: _____

PO Line #: _____ (Required) AMT: _____

PO Line #: _____ (Required) AMT: _____

PO Line #: _____ (Required) AMT: _____

Matching Invoices Only
G = Buying Goods
S = Buying Services

Invoice Number	Invoice Date	Amount	Cr	Company	Account	Center	1099 Code	Accrual Code
1358	6/5/8	50,000.00		1601	535830	17707703		A10
2								
3								
4								
5								
6								
7								
8								
9								
10								

County Code: Budget Code: 14300

Sales Tax Amt _____

Freight Amt _____


Gross Amt 50,000.00

Comments: _____

FAS Number: _____

Pay Entity: 16PT
PT = Trade Vendors
PE = Employee Vendors
PN = Non-Trade Vendors
PC = Do Not Use this form for PC payments

Prepared By: Dawn Carpenter Date: 07/22/08

Approved By:  Date: 7/29/08

Entered By: _____ Date: _____

Controller's Office Use Only:

Control #

Date