Form A19-1A

State of Washington

INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO	LOCATION CODE	P.R. OR AUTH NO.

AGENCY NAME

VENDOR OR CLAIMANT (Warrant is to be payable to)

ADRESS:

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished and/or services rendered have been provided without discriminations because of age, sex, marital status, race creed, color, national origin, religion, or Vietnam era or disabled veterans status.

BY
(SIGN IN INK) DATE

(TITLE) DATE

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)	RECEIVED BY	DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE

PREPARED BY	TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE

DOC DATE	PMT DUE DATE	CURRENT DOC NO.	FED. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER

REF DOC SUB	MASTER INDEX					GRANT CAPITAL PROJECT#	GRANT ACTIVITY	Account Expense	AMOUNT	INVOICE NO
		FUND	APPN INDEX	CLASS INDEX	DEPT.					

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER