

Form		State of Washington
A19-1A		INVOICE VOUCHER

AGENCY NAME

--

VENDOR OR CLAIMANT (Warrant is to be payable to)
--

ADDRESS:

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

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	