

FORM A 19-1A (Rev. 5/91)	 STATE OF WASHINGTON INVOICE VOUCHER
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AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

DEPARTMENT NAME
VENDOR OR CLAIMANT (Check is to be payable to)

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 to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

Vendor
Signature _____
(SIGN IN INK)

(TITLE) _____ (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S.)	RECEIVED BY	DATE RECEIVED
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DATE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	FOR AGENCY USE

PREPARED BY	TELEPHONE NUMBER	DATE	DEPARTMENT APPROVAL	DATE		
VENDOR NUMBER	INVOICE DATE	DUE DATE	INVOICE NUMBER	ENCL CODE	REFERENCE NUMBER	TAX CODE

Index /Fund	Account	LIQ	Amount

ACCOUNTING APPROVAL FOR PAYMENT	DATE	TOTAL	BANNER NUMBER
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