

AGENCY USE ONLY		
AGENCY NO.	DEPARTMENT	INVOICE VOUCHER ID
WA070		

AGENCY NAME
VENDOR OR CLAIMANT (Warrant Is to Be Paid 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.

BY: _____
(SIGN IN INK)

TITLE DATE

FEDERAL ID NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to IRS)							RECEIVED BY			DATE RECEIVED							
DATE	DESCRIPTION						QTY.	UNIT PRICE		AMOUNT							
ADDITIONAL NOTES								SUBTOTAL:									
								TAX:									
								TOTAL:									
PREPARED BY				PHONE NUMBER		DATE		DEPARTMENT APPROVER NAME									
DOC. DATE		CURRENT DOC. NO.		REF. DOC.		SUPPLIER ID			SUPPLIER NOTE (IF APPLICABLE)								
FUND	APPROP	CLASS	PGRM	PROJECT ID		ACTIVITY	ACCOUNT	DEPT ID	STATE PURPOSE	AMOUNT	INVOICE NUMBER						
DEPARTMENT APPROVER SIGNATURE						DATE		WARRANT TOTAL		VICE PRESIDENT/PRESIDENT SIGNATURE							