

Form  
A19-1A



State of Washington  
**INVOICE VOUCHER**

**AGENCY NAME**

**Office of Civil Legal Aid**  
PO Box 41183  
Olympia, WA 98504  
ATTN: James A. Bamberger, Director

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

AGENCY USE ONLY		
AGENCY NO	LOCATION CODE	P.R. OR AUTH NO.
057		PSC or IAA 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)  
\_\_\_\_\_  
(TITLE) (DATE)

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

DATE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL AMOUNT
	Salaries			
	Benefits & Taxes			
	Goods and Services			
	Travel			
	Training			
	Rent			
	Contract Services			
	Telephone/Communications			
	Other			
	<b>Total</b>			

**For Fiscal Services Only**

PREPARED BY		TELEPHONE NUMBER		DATE		AGENCY APPROVAL		DATE									
DOC DATE	PMT DUE DATE	CURRENT DOC NO.		REF. DOC. NO.		VENDOR NUMBER		VENDOR MESSAGE		US	UBI NUMBER						
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS		COUNTY CITY/TOWN		PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
				APPN INDEX	PROGRAM INDEX				ALLOC	BUDGET UNIT	MOS						
ACCOUNTING APPROVAL FOR PAYMENT										DATE		WARRANT TOTAL		WARRANT NUMBER			
												0.00					