Form A19-1A

DATE

Salaries



State of Washington INVOICE VOUCHER

AGENCY NAME

Office	- 5	○:. .:1	1	A:
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PO Box 41183 Olympia, WA 98504

ATTN: James A. Bamberger, Director

VENDOR OR CLAIMANT (Warrant is to be payable to)

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

DESCRIPTION

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)

DATE RECEIVED

TOTAL AMOUNT

OCLA RECEIVED BY

UNIT PRICE

QUANTITY

Goods	and S	–		Benefits & Taxes									
Goods and Services													
Travel													
Training													
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Other													
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