FORM
A19-1A
(Rev. 12/99)

STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO	**LOCATION CODE**	**P.R. OR AUTH. NO.**
2250		ESSB 6259 CHAP 3LAW 1990

AGENCY NAME

WASHINGTON STATE PATROL
IDENTIFICATON SECTION
PO BOX 42633
OLYMPIA WA 98504-2633

VENDOR OR CLAIMANT (Warrant 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 hearby certify under penalty of perjury that the items and totals listed herein are proper charges for material, 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 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 ONLY

PREPARED BY	TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER
					1010		N

TRANS CODE	MOD	FUND	APPN INDEX	PROGRAM INDEX	MASTER INDEX	SUB OBJ	SUB SUB OJECT	GL	MAJOR GROUP	MAJOR SOURCE	SUB SOURCE	AMOUNT	INVOICE NUMBER

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER