FORM
A 19-1A
(Rev. 5/91)

STATE OF WASHINGTON

INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.
2280		

AGENCY NAME

WA Traffic Safety Commission
PO BOX 40944
Olympia WA 98504-0944

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 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 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 PRICE	AMOUNT	FOR AGENCY USE

PREPARED BY	TELEPHONE NUMBER		AGENCY APPROVAL	DATE

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF DOC.	VENDOR NUMBER	VENDOR MESSAGE	UBI NUMBER

REF DOC SUF	TRANS CODE	MOD	FUND	MASTER INDEX: APPN INDEX	MASTER INDEX: PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER