

Form A 19-1A
 State of Washington
INVOICE VOUCHER
 (Rev. 5/91)

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.
3400		23-IA-XXX

Vendor / Claimant (Warrant is to be payable to)
 Your District
 123 Main St.
 Anytown, WA 99999-1234

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.

Agency Name
 Washington Student Achievement Council
 917 Lakeridge Way SW
 PO Box 43430
 Olympia, WA 98504-3430

BY _____
 (SIGN IN INK)

 (TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO (For Reporting Payments to IRS) RECEIVED BY DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
	Salaries, Wages and Benefits				\$ 1,722.73	
	Staff Travel and Professional Development				\$ 658.55	
	Goods and Services				\$ 561.14	
	Student Transportation				\$ 189.10	
	SUBTOTAL				\$ 3,131.52	
	Indirect (if claiming)				\$ 114.93	
	TOTAL REIMBURSEMENT				\$ 3,246.45	

PREPARED BY TELEPHONE NUMBER DATE AGENCY APPROVAL DATE

DOC. DATE INVOICE DATE CURRENT DOC. NO. REF. DOC. NO. VENDOR NUMBER VENDOR MESSAGE

DOC	TRANS	M	FUND	SUB	SUB	ORG	WORK	COUNTY	CITY/TOWN	PROJECT	SUB	SUB	AMOUNT	INVOICE
SUF	CODE	OD		OBJ	SUB OBJ	INDEX	CLASS	BUDGET	MOS		PROJ	PROJ		NUMBER
							ALLO	UNIT						

ACCOUNTING APPROVAL FOR PAYMENT DATE WARRANT TOTAL WARRANT NUMBER
 \$ -