

STATE FORM A-19: INVOICE VOUCHER

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| FORM A19-1A | STATE OF WASHINGTON INVOICE VOUCHER |
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| AGENCY USE ONLY | |
|-------------------|------------------------------|
| AGENCY NO. 103 | CONTRACT NO. OR GA AUTH. NO. |

| AGENCY NAME |
|---|
| Department of Archaeology & Historic Preservation 1063 S Capitol Way Suite 106 PO Box 48343 Olympia, WA 98504 8343 |
| ATTN: |
| VENDOR OR CLAIMANT (warrant is to be payable to) |
| |

INSTRUCTIONS TO VENDOR OR CLAIMANT:

In the absence of a detailed invoice, 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 veteran status.

By: _____

(Sign in ink)

(Title)

(Date)

| | | |
|---|-------------|---------------|
| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. | RECEIVED BY | DATE RECEIVED |
|---|-------------|---------------|

| DATE | DESCRIPTION | QUANTITY | UNIT PRICE | AMOUNT |
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| Total: | | | | |

| PREPARED BY (Fiscal) | | | | DATE | | DIVISION APPROVAL | | | | DATE | | | | |
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| DOC DATE | | | CURRENT DOC NO | | | REF DOC NO | | | VENDOR NUMBER | | | VENDOR MESSAGE | | |
| SUF | TRANS CODE | M O D | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJ | CNTY | CITY | PROJECT | AMOUNT | INVOICE NUMBER | GENERAL LEDGER | |
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| APPROVED FOR PAYMENT BY FISCAL | | | | | | DATE | | | WARRANT TOTAL | | | | | |

