Form								
A19-1A								



## State of Washington INVOICE VOUCHER

## **AGENCY NAME**

Lower Columbia College 1600 Maple St Longview, WA 98632

## **VENDOR OR CLAIMANT (Warrant is to be payable to)**

- \*
- \*
- \*

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

FEDERAL I.D.	EDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments						ts to I.R.S.)					DATE RECEIVED		
DATE	DESCRIPTION					QUAN	NTITY	UNIT	UNIT PRICE	A	MOUNT	FOR AGENCY USE		
PREPARED BY	D BY TELEPHONE NUMBER				DATE		AGENCY AI	PPROVAL			DATE			
DOC DATE	PMT DUE DATE CURRENT DOC NO. FED. DOC. NO.		VENDOR NUMBER VENDOR MESSAGE		R MESSAGE	USE TAX	UBI NUMBER							
OPER UNIT	BUS UNIT	AC	COUNT	FUND	APPROP	CLASS	DEPT	PC BUS	PRO	JECT	ACTIVITY	А	MOUNT	INVOICE NUMBER
7130	WA130													
ACCOUNTING APPROVAL FOR PAYMENT						DATE					RRANT TOTAL	WARRANT NUMBER		