RESET FORM

FORM A19 Rev. 4/81

STATE OF WASHINGTON

INVOICE VOUCHER

AGENCY NAME

Central Washington University
400 East University Way
Ellensburg, WA 98926

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 in triplicate 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 on the grounds of race, creed, color, national origin, sex, or age.

BY _____ (SIGN IN INK)

(TITLE) (DATE)

IS THE PAYEE OR BENEFICIARY OF THE PAYMENT A U.S. CITIZEN OR U.S. PERMANENT RESIDENT ALIEN?
(IF"NO", SEE THE NONRESIDENT ALIEN TAX COMPLIANCE MANUAL) YES ◯ NO ◯

FEDERAL I.D. NO. OR SOCIAL SECURITY NO.
(For Reporting Personal Services Contract Payments to I.R.S.)

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
DOCUMENT#	LIQUIDATION DATE					

CARRIER	SHIPPING DOC NO.	COLLECT	PREPAID	NO. PIECES	RECEIVED BY	DATE RECEIVED

ACCOUNT CODE									AMOUNT	
FUND	DEPT. ID	PROGRAM	OP. UNIT	SPEEDTYPE	ACCOUNT				LIQUIDATION	NET INVOICE
								TOTAL		

CHECKED AND APPROVED FOR PAYMENT BY:	INVOICE DATE	INVOICE NO.	GROSS INV AMT	DISC IN $	NET INV. AMT.	VOUCHER NO.	WARRANT NO.