



**AGENCY USE ONLY**

AGENCY NO.	LOCATION CODE	P.R. OR AUTH NO.
<b>2400</b>		

**AGENCY NAME**

**VENDOR OR CLAIMANT (Warrant is to be paid 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 ID NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to IRS)	RECEIVED BY	DATE RECEIVED
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DATE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

ADJUSTMENTS DESCRIPTION	SUBTOTAL
	ADJUSTMENTS
	TOTAL

PREPARED BY	TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE
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DOC. DATE	CURRENT DOC. NO.	REF DOC.	VENDOR NUMBER	VENDOR MESSAGE	COMP TAX
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REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX	SUB OBJ	SUB SUB OBJECT	GENERAL LEDGER	AMOUNT	INVOICE NUMBER

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
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