

FORM  
A19-1A  
(Rev. 3/95)



STATE OF WASHINGTON  
INVOICE VOUCHER

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

AGENCY NAME

VENDOR OR CLAIMANT (Warrant is to be payable to)

YAKIMA COUNTY CLERK  
128 N. 2<sup>ND</sup> STREET, ROOM 323  
YAKIMA WA 98901

**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 material, 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

**X**

(SIGN IN INK)

(TITLE)

(DATE)

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

**91-6001387**

RECEIVED BY

DATE GOODS/SERVICES RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE ONLY

PREPARED BY		TELEPHONE NUMBER ( )	DATE	AGENCY APPROVAL		DATE
DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX UBI NUMBER

REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJEKT	SUB SUB OBJEKT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT		INVOICE NUMBER
				APPN INDEX	PROGRAM INDEX												

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
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