

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



STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY NAME

VENDOR OR CLAIMANT (Warrant is to be payable to)

YAKIMA COUNTY CLERK
128 N. 2ND STREET, ROOM 323
YAKIMA WA 98901

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 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.)										RECEIVED BY			DATE GOODS/SERVICES RECEIVED				
91-6001387																	
DATE	DESCRIPTION						QUANTITY	UNIT	UNIT PRICE	AMO UNT	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 APPN INDEX PROGRAM INDEX		SUB OJECT	SUB SUB OJECT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER	
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL			WARRANT NUMBER	