FORM
A19-1A
(Rev. 12/96)

STATE OF WASHINGTON
# INVOICE VOUCHER

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

AGENCY NAME

Secretary of State
Elections Division
Post Office Box 40229
Olympia, Washington 98504-0229

VENDOR OR CLAIMANT (Warrant is to be payable 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 I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS) | RECEIVED BY | DATE RECEIVED |
|---|---|---|
| | | |

## HAVA GRANT PAYMENT REQUEST

Contract No: G- _____

Amendment No: _____

Type of Request:

☐ Reimbursement Payment Amount: _____

☐ Up-front Payment (90% of costs) Amount: _____

☐ Final Payment Amount: _____

| PREPARED BY | TELEPHONE NUMBER ( ) | DATE | AGENCY APPROVAL | DATE |
|---|---|---|---|---|
| | | | | |

| DOC DATE | PMT. DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NO. | VENDOR MESSAGE | USE TAX | UBI N UMBER |
|---|---|---|---|---|---|---|---|
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| REF DOC SUF | TRANS CODE | MOD | FUND | MASTER INDEX APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJ | ORG INDEX | WORK CLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJECT | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NO. |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|---|---|---|---|
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