



AGENCY USE ONLY

AGENCY NO.	LOCATION CODE	P.R. OR AUTH NO.
2400		

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

DATE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

ADJUSTMENTS DESCRIPTION	SUBTOTAL	
	ADJUSTMENTS	
	TOTAL	

PREPARED BY TELEPHONE NUMBER DATE AGENCY APPROVAL DATE

DOC. DATE CURRENT DOC. NO. REF DOC. VENDOR NUMBER VENDOR MESSAGE COMP TAX

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