

STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY

AGENCY NO.

LOCATION CODE

P.R. OR AUTH. NO.

0550

AGENCY NAME

Administrative Office of the Courts

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

Sandy Cheeks

(SIGN ~~HERE~~)

(TITLE)

(DATE)

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

RECEIVED BY

DATE RECEIVED

DATE	VENDOR – ITEM DESCRIPTION – SPENDING CATEGORY	QTY	UNIT PRICE	AMOUNT	FOR AGENCY USE
	TOTAL				

PREPARED BY

TELEPHONE NUMBER

DATE _____

AGENCY APPROVAL

DATE _____

DOC. DATE			PMT DUE DATE		CURRENT DOC. NO.			REF. DOC.		VENDOR NUMBER				VENDOR MESSAGE			UBI NUMBER
REF DOC SUE	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/ MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER	
				APPN INDEX	PROGRAM INDEX												
ACCOUNTING APPROVAL FOR PAYMENT							DATE							WARRANT TOTAL		WARRANT NUMBER	

Email: BikiniBottomCounseling@BikiniBottomCounselingServices.org
Web: BikiniBottomCounselingServices.org

CONTRACT INVOICE

RECEIVED

APR 12 2024

AH Municipal Court

Invoice Number: AR321431
Invoice Date: 7/1/2024
Account Number: SH0240
Balance Due: \$32.80

Bill To:

Customer:

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
SH0240	Net 30	8/1/2024	\$ 32.80	\$ 32.80
Invoice Remarks				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
CN53619-01		\$ 30.04	MUNICIPAL COURT	7/18/2023	7/17/2028
Contract Remarks					

Court 2nd fir

Summary:

Contract base rate charge for this billing period \$0.00
Contract overage charge for the 7/1/2024 to 7/31/2024 overage period **See overage details below \$30.04 **
\$30.04

Detail:

Equipment included under this contract

Ricoh/IM C6010

Number	Serial Number	Base Adj.	Location
56994	9193R410262	\$0.00	

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B/W	56994 - B/W	22,908	25,578	2,670	0	2,670	0.008000	\$21.36
Color	56994 - Color	729	853	124	0	124	0.070000	\$8.68
								\$30.04

APPROVAL STAMP - CITY OF AIRWAY HEIGHTS

BARS Code 512513100

Purpose Office Supplies

Requested By [Signature]

Approved By [Signature]

=18.08

E-MAILED Name
7/12/24

APPROVAL STAMP - CITY OF AIRWAY HEIGHTS

BARS Code 512514310

Purpose TC Staff Equipment

- Print Postcards, etc made here -

Requested By [Signature]

Approved By [Signature]

=14.72

Remit payments to:

P.O. Box 846
Veradale, WA 99037-0846

Invoice SubTotal	\$30.04
Tax	\$2.76
Invoice Total	\$32.80
Balance Due:	\$32.80

Spreadsheet ✓
A-19 ✓

BIKINI BOTTOM MUNICIPAL COURT
124 CONCH ST
BIKINI BOTTOM, PACIFIC OCEAN



**BIKINI BOTTOM
Earnings Statement**

CHEEKS, SANDY
666 Jellyfish Way
Bikini Bottom, Pacific
Ocean

Personnel #	1234567
Payroll Date	07/10/2024
Pay Period	2024-05
Pay Period Begin	06/16/2024
Pay Period End	06/30/2024
Payroll Area	11 Semi-Monthly
Exemptions #	00
W/H Status	Ma. Joint.
Anniversary Date	01/04/2016
Personnel Area	1245
Location	345

Total Earnings	Allowances (Added)	Mandatory Deductions (Subtracted)	Employee Deductions (Subtracted)	Adjustments (Added)	TOTAL NET PAY
2,950.00	0.00	559.88	286.12	0.00	2,104.00

Payment Type	Payment Number	Account Type	Payment Bank	Amount
Direct Deposit	AN82818	Checking	BIKINI BOTTOM EMPLOYEES CREDIT UNION	2,104.00
Total Net Payment				2,104.00

Leave / Quota Balances	Starting	Earned	Taken	Adjusted	Ending Balance
Sick Leave	40.00	8.00	0.00	0.00	40.00
Vacation Leave	225.00	9.33	0.00	0.00	225.00
Personal Holiday - Shift	1.00	0.00	0.00	0.00	1.00 Use before 01/01/2025

Position Title	Earnings Period	Earnings Type	Hours/Unit	Rate	Amount	YTD
COURT COORDINATOR						
	2024-05	1003 Pay Period Salary	80.00	0.00	2,950.00	14,079.55
		1305 annual leave for all agys	0.00	0.00	0.00	536.36
		1310 Sick pay for all agys	0.00	0.00	0.00	134.09
Total Earnings					2,950.00	14,750.00
Allowances					Amount	YTD
Total Allowances					0.00	0.00
Taxable Noncash Earnings					Amount	YTD
Total Taxable Noncash Earnings					0.00	0.00
Employee Mandatory Deductions					Amount	YTD
/401	FED	Federal	TX Withholding Tax		298.33	1,491.65
/403	FED	Federal	TX EE Social Security Tax		178.62	893.11
/405	FED	Federal	TX EE Medicare Tax		41.77	208.87
/442	PO	Pacific Ocean	TX EE Suplmtal Pension Tx		6.84	34.06
/443	PO	Pacific Ocean	TX EE Medical Aid Fund Ta		1.62	8.39
/487	PO	Pacific Ocean	TX EE Family Leave Insur		10.49	52.45
/499	PO	Pacific Ocean	TX EE Medical Leave Insur		5.10	25.52
/4B3	PO	Pacific Ocean	TX EE PO Cares Fund LTC T		17.11	85.55
Total Employee Mandatory Deductions					559.88	2,799.60
Employee Deductions					Amount	YTD
2256			Deferred Comp		29.50	147.50
2266			IRA		187.62	938.10
2545			Bikini Bottom Gold Plus		69.00	345.00
Total Employee Deductions					286.12	1,430.60
Employer Contributions					Amount	YTD
/404	FED	Federal	TX ER Social Security Tax		178.62	893.11
/406	FED	Federal	TX ER Medicare Tax		41.77	208.87
/432	PO	Pacific Ocean	TX ER Accident Fund Tax		6.75	34.58
/433	PO	Pacific Ocean	TX ER Medical Aid Fund Ta		1.62	8.39
/434	PO	Pacific Ocean	TX ER Suplmtal Pension Tx		6.84	34.06
/4A0	PO	Pacific Ocean	TX ER Medical Leave Insur		6.23	31.18
2366			IRA		281.14	1,405.70
2550			IRAR Funding Rate		572.50	2,862.50
Total Employer Contributions					1,095.47	5,478.39

Rock Bottom Transportation

INVOICE

8889 Conch St
Bikini Bottom, Pacific Ocean
Phone 555-456-1234 | Fax 555-456-1235
RBTransport@RockBottom.org | RockBottom.org

INVOICE # 456789
DATE 07/15/2024

TO
Bikini Bottom Municipal Court
124 Conch St
Bikini Bottom, Pacific Ocean

FOR Sandy Cheeks
P.O. # P.O. #

Description	Amount
30-day Pass	24.50
Total	24.50

Make all checks payable to Rock Bottom Transportation
Payment is due within 30 days.
If you have any questions concerning this invoice, contact Mrs. Puff | 555-456-1236 | mrspuff@RockBottom.org

THANK YOU FOR YOUR BUSINESS!

325

The Krusty Krab
5678 Conch St
Bikini Bottom Pacific Ocean
555-123-4567

Server: SpongeBob S

Check #325

Ordered:

07/16/24

Top12

4:20 PM

KRABBY PATTY (SINGLE)

\$14.00

~~BKIN BOTTOM BLAST~~

~~\$4.50~~

KRABBY PATTY (DOUBLE)

\$16.00

LG CORAL BITS

\$9.50

Subtotal

\$44.00

Service Charge (18.00%)

\$7.92

Tax

\$4.40

~~Tip~~

~~\$6.50~~

Total (USD)

\$62.82

\$51.27 Total to
CC

CREDIT CARD AUTH

Xxxx6789

Entry Mode:

Swiped

Card:

CHECKS

Response:

APPROVED

Approval Code:

891-1234

THANK YOU
PLEASE COME AGAIN

PRO TEM HRS

INVOICE JUL 29, 2024

SQUIDWARD TENTACLES, ESQ
Bikini Bottom Community Court

124 Conch St
Bikini Bottom, Pacific Ocean
555-678-9101

EMPLOYEE NAME: TENTACLES, SQUIDWARD	TITLE: PRO TEM JUDGE
EMPLOYEE NUMBER: 345678	STATUS: EXEMPT
DEPARTMENT: MUNI	SUPERVISOR:

DATE	START TIME	END TIME	REGULAR HOURS	RATE	TOTAL PAY
Date 7/7/24			6	\$91.00	\$546.00
Date 7/14/24			5	\$91.00	\$455.00
Date 7/21/24			5	\$91.00	\$455.00
Date 7/28/24			5	\$91.00	\$455.00
MONTHLY TOTALS			21		\$1,911.00

EMPLOYEE SIGNATURE: <i>SquidwardPTentacles</i>	DATE: 8/4/2024
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WA State Administrative Office of the Courts
CLJ Therapeutic Courts
A19 Reimbursement Submission Checklist FY2025

Reimbursement requests document what you purchased, that you paid for what you purchased, and if appropriate, that you received what you purchased.

Reimbursements can only be approved for services performed during this contract period: July 1, 2024 – June 30, 2025.

For each cost that you request reimbursement for, backup documentation is required. Remember that you can only request reimbursement for purchases that are either approved as part of the contract or approved in a written exception request. Refer to IAA Attachment B: Use of Funds for allowable and non-allowable expenses.

In order to process your reimbursement request, the following information is required.

A19 form must include:

Vendor/Claimant Section

- ☐ Court Name
- ☐ Court Address
- ☐ Contract Number
- ☐ Signature
- ☐ Title
- ☐ Date Signed
- ☐ Preparer Contact Info

Line Item Section

- ☐ Date of Transaction or Invoice Date (listed chronologically)
- ☐ Vendor – Item Description – Spending Category
- ☐ Line Item Amount (include amount charged to funding)
- ☐ Total Request Amount



See sample A-19 packet. Multiple line items can be included on one A19 form. You can add lines to the form. Convert to PDF. One A19 form per reimbursement request.

Backup Documentation – Attached to A19 and combined into one PDF packet

- ☐ Billing invoices/Receipts must include:
 - Service/Invoice Date
 - Vendor Name
 - Description of Services rendered/Items Purchased
- ☐ Backup documents converted to PDF and attached chronologically

A19 Packet

- ☐ A19 Packet attached in email to Payables@courts.wa.gov
AND CLJTherapeuticCourtsApplications@courts.wa.gov