

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

(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 SUF	TRANS CODE	M O N	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

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