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| FORMA 19-1A(Rev. 5/91) |  | STATE OF WASHINGTONINVOICE VOUCHER |  | AGENCY USE ONLY |
| **AGENCY NO.** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
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| AGENCY NAME |  |  |
| Administrative Office of the Courts |  | *INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.* |
| **VENDOR OR CLAIMANT (Warrant is to be payable to)** |  | 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. |
| Court NameProgram NameAddressContract # IAA25XXX |  |
| 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 AGENCYUSE |
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| PREPARED BY | TELEPHONE NUMBER  | DATE | AGENCY APPROVAL | DATE |
| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF DOC. | VENDOR NUMBER | VENDOR MESSAGE | UBI NUMBER |
| REFDOCSUF | TRANSCODE | MOD | FUND | MASTER INDEX | SUBOBJ | SUBSUBOBJECT | ORGINDEX | WORKCLASS | COUNTY | CITY/TOWN | PROJECT | SUBPROJ | PROJPHAS | AMOUNT | INVOICE NUMBER |
| APPN INDEX | PROGRAMINDEX | ALLOC | BUDGETUNIT | MOS |
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|  ACCOUNTING APPROVAL FOR PAYMENT |  DATE |  WARRANT TOTAL |  WARRANT NUMBER |