

FORM A 19 (Rev. 4/1/13)		STATE OF WASHINGTON INVOICE VOUCHER
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AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.
2280		

AGENCY NAME
WA Traffic Safety Commission PO BOX 40944 Olympia WA 98504-0944

For INTERNAL USE ONLY
DATE: _____
PROJECT #: _____
APPROVED BY: _____

VENDOR OR CLAIMANT (Warrant is to be payable to)

➡ (Please fill in mailing address matching Fed ID #)

➡ **Statewide Vendor #:**

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

BY	➡ _____ (Approval Signature & Title)	➡ _____ (Date)
➡ _____ (Print Name)		

FEDERAL I.D. # OR SOCIAL SECURITY #. (For reporting Personal Services Contract Payments to I.R.S.)	CFDA # ➡ 20.616
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DATE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	FOR AGENCY USE
SEND DOCUMENTS TO: Cesi Velez, WA Child Passenger Safety, 18421 Veterans Memorial Dr. E., Bonney Lake, WA 98391					TOTAL

PREPARED BY ➡ _____	TELEPHONE NUMBER ➡ _____
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DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF DOC.	VENDOR NUMBER	VENDOR MESSAGE	UBI NUMBER
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REF DOC	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLAS	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
				APPN INDEX	PROGRAM INDEX				ALOC							

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
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