FORM **A 19** (Rev. 4/1/13)

STATE OF WASHINGTON

INVOICE VOUCHER

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 #)

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)

_____ _____
(Print Name) **(Date)**

Statewide Vendor #:

FEDERAL I.D. # OR SOCIAL SECURITY #. (For reporting Personal Services Contract Payments to I.R.S.

CFDA # 20.616

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 _____

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF DOC.	VENDOR NUMBER	VENDOR MESSAGE	UBI NUMBER

REF DOC	TRANS CODE	MOD	FUND	MASTER INDEX: APPN INDEX	MASTER INDEX: PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLAS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER