FORM
A19-1E
(REV 7/14)

STATE OF WASHINGTON

INVOICE VOUCHER

AGENCY USE ONLY		
Agency Number	Location Code	P.R. OR AUTH. NO.
227		

AGENCY NAME

Criminal Jusitce Training Commission
19010 1st Avenue S
Burien, WA 98148

VENDOR OR CLAIMANT (Warrant is to be payable to)

Name _____

Address _____

City _____ State _____

ZIP _____

PH _____

Email _____

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

Vendor's Cerification. 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 diabled veterans status.

BY _____
(Sign in Ink)

_____ _____
(Title) (Date)

Received By:	Date Received:

Contract Number:

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE

Prepared By:	Telephone Number:	Date:	Agency Approval:	Date:

Doc. Date:	Pmt Due Date:	Current Doc. No.	Ref. Doc. No.	Vendor Number:	Use Tax	Vendor Message:	UBI Number:

REF DOC SUF	TRANS CODE	MOD	FUND	MASTER INDEX AI	MASTER INDEX PI	SUB OBJ	SUB SUB OBJ	PROJ	SUB PROJ	PROJ PHAS	General Ledger Acct	Subsidiary Account DR/CR	Fiscal Month	AMOUNT	Invoice Number

Accounting Approval for Payment:	Date:	Warrant Total:	Warrant Number:
		$0.00	