



A19 Invoice Voucher Sample

NOTE: All items will autofill from the Expenditure Detail Form, except the yellow highlighted areas. Please complete these before sending in. Signatures must be original ink.

Form A 19-1A (Rev. 5/91)	State of Washington INVOICE VOUCHER
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Vendor / Claimant (Warrant is to be payable to)
School District Name 123 Main Street Olympia, WA 98504

Agency Name
Washington Student Achievement Council 917 Lakeridge Way SW PO Box 43430 Olympia WA 98504-3430

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.
3400		CONTRACT #

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 YOUR SIGNATURE, TITLE, DATE HERE
(SIGN IN INK)

(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS)	RECEIVED BY	DATE RECEIVED
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DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
Sept 2018	Salaries, Wages, Benefits				1,722.73	
	Staff Travel & Professional Development				658.55	
	Goods & Services				561.14	
	Student Transportation				189.10	
	SUBTOTAL				3,131.52	
	Indirect Costs (3%)				92.69	
	TOTAL				\$ 3,224.21	

PREPARED BY Your name here	TELEPHONE NUMBER Your phone number here	DATE Date here	AGENCY APPROVAL	DATE
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DOC. DATE	INVOICE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE
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DOC SUF	TRANS CODE	M OD	FUND	MASTER INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	WORK CLASS	COUNTY	CITY/TOWN	BUDGET UNIT	MOS	PROJECT	SUB PROJ	SUB PROJ	AMOUNT	INVOICE NUMBER

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL \$ -	WARRANT NUMBER
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