

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.
3400		84ABC123

Vendor / Claimant (Warrant is to be payable to )

ABC School  
 123 Main Street  
 Town, WA 99999

**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.

Agency Name

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

Signature:  
 Title: Date:  
 Printed Name:

FEDERAL I.D. NO. OR SOCIAL SECURITY NO (For Reporting Payments to IRS)	RECEIVED BY	DATE RECEIVED
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DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
November	Salaries, Wages and Benefits				\$ 11,235.73	
2024	Staff Travel and Professional Development				\$ 2,102.55	
	Goods and Services				\$ 831.41	
	Student Transportation				\$ 316.04	
	<b>SUBTOTAL</b>				<b>\$ 14,485.73</b>	
	Indirect Costs (not claiming)				\$ -	
	<b>TOTAL REIMBURSEMENT</b>				<b>\$ 14,485.73</b>	

PREPARED BY	TELEPHONE NUMBER	DATE	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	MOD	FUND	MASTER INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	WORK CLASS	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	SUB PROJ	AMOUNT	INVOICE NUMBER
				3201124												

Received by GEAR UP:

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
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