## STATE OF WASHINGTON

## AGENCY NAME

**DSHS Children's Administration** 

Attn: Doug Allison, Supervisor

PO Box 45710

Olympia, WA 98504-5710 (360) 902-7983

doug.allison@dshs.wa.gov

VENDOR OR CLAIMANT (Warrant is to be payable to:) Family First Inc. 1111 Brass St Tacoma WA 98405 Provider Bus ID 555111

AGENCY USE ONLY										
AGENCY NO.	LOCATION CODE	PR OR AUTH. NO.								
300	9HP7	1732-88010								

**INSTRUCTIONS TO VENDOR OR CLAIMANT:** Submit this form to obtain 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 vererans status.

Provider Bus ID 555111										By: (Sign in Ink)						
jodie.smith@familyfirst.org									Phone	Number:	Date: 5/4/2018					
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS)									RECEIVE	D BY	DATE RECEIVED					
							SCRIPTI					Quantity	Rate	AMOUNT		
			CPA Incer		dian Nat	ion (	CPA Fost	ter Hon	ne Recr	uitment						
4/	16/18		Ambe	er/Fra	ank Smit	h	Foster H	ome ID	0 12345	6		1	191.87	\$191.87		
4/	23/18		Hillar	y/Will	l Clinton		Foster H	ome ID	78901	2		1	191.87	\$191.87		
														\$0.00		
														\$0.00		
														\$0.00		
														\$0.00		
														\$0.00		
														\$0.00		
														\$0.00		
														\$0.00		
													Tatal	\$0.00		
PREPA	RED BY				TELEP	HONE	NUMBER	DATE			AGENC	Y APPROVAL	Total	\$383.74	DATE	
DOC.	DATE	DU	E DATE	CURRE	NT DOC. NO.	RE	F. DOC. NO.	v	ENDOR NU	MBER		r	UBI NUMBER			
	1		1						T		-					
REF DOC SUF	TRANS CODE			APPN INDEX	PROGRAM INDEX		OBJECT SUB-SUB OBJ	ORG INDEX	ALLOC	CNTY BUDGET UNIT	MOS	PROJECT CODE	DJECT SUB PROJECT	AMOUNT	INVOICE NUMBER	
														0.00		
											<u> </u>					

Ē	ACCOUNTING APPROVAL FOR PAYMENT									DATE				WARRANT TOTAL	WARRANT NUMBER
														0.00	