


Form  
**A19-1A**  
(Rev. 3/95)



STATE OF WASHINGTON  
**INVOICE VOUCHER**

AGENCY NAME

DSHS Children's Administration  
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VENDOR OR CLAIMANT (Warrant is to be payable to:)

| AGENCY USE ONLY |               |                 |
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| 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.

By: (Sign in Ink)

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| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS) |  |  |  |  |  |  |  |  |  | RECEIVED BY |  |  | DATE RECEIVED |  |
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| ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | WARRANT NUMBER |
|                                 |      | 0.00          |                |