



STATE OF WASHINGTON INVOICE VOUCHER

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:)

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.

By: (Sign in Ink)

											Phone	Number:	Date:		
FEDERA	AL I.D. NO	. OR	SOCIAL S	ECURITY	NO. (For Repor	ting Pers	onal Services Contr	act Payments to	o IRS)		RECEIVE	D BY			DATE RECEIVED
							SCRIPTI					Quantity	Rate	AMOUNT	
					dian Nati	ion (CPA Fost	er Hom	ne Recr	uitment					
			Incen	itive											
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													Total	\$0.00	
PREPA	RED BY				TELEP	HONE I	NUMBER	DATE			AGENCY APPROVAL				DATE
DOC. DATE DUE DATE CURRENT DOC. NO. REF. DOC. NO.					F. DOC. NO.	V	ENDOR NUM	MBER	VENDOR MESSAGE			UBI NUMBER			
REF DOC SUF	TRANS CODE	M O D	FUND	MAST APPN INDEX	PROGRAM INDEX		OBJECT SUB-SUB OBJ	ORG INDEX	ALLOC	CNTY BUDGET UNIT	MOS	PROJECT CODE	JECT SUB PROJECT	AMOUNT	INVOICE NUMBER
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ACCOUNTING APPROVAL FOR PAYMENT									DATE				WARRANT TOTAL	WARRANT NUMBER	
												0.00			