**Invoice Voucher**

**VENDOR OR CLAIMANT (WARRANT TO BE PAYABLE TO):**

**VENDOR NO.:**

---

**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 on the grounds of race, creed, color, national origin, sex or age.

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**BY (SIGNATURE IN INK):**

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**INSTRUCTIONS TO VENDOR OR CLAIMANT:** Show complete detail for each item below.

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<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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**ACCOUNTING CLASSIFICATION**

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<th>JOB NUMBER</th>
<th>WORK OP</th>
<th>ACCOUNT</th>
<th>ORG. NUMBER</th>
<th>CONTROL SECTION</th>
<th>EQUATION NUMBER</th>
<th>FEDERAL</th>
<th>NON-PARTICIPATING</th>
<th>NET AMOUNT</th>
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**TOTAL**

**SIGNATURE OF APPROVING AUTHORITY:**

**DATE:**

**RECEIVING VERIFICATION (SIGNATURE):**

**DATE RECEIVED:**

**CHECKED AND APPROVED FOR PROCESSING BY:**

**DATE:**

**WARRANT NUMBER:**

**VOUCHER NUMBER:**

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**MINORITY BUSINESSES**

**MARK BOX(ES) IF APPROPRIATE:**

M  %

W  %

E

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**FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SVCS. CONTRACT PAYMENT TO IRS):**

**TITLE:**

**DATE:**

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**INSTRUCTIONS TO VENDOR OR CLAIMANT:** Show complete detail for each item below.

**DATE**

**AMOUNT**

**UNIT PRICE**

---

**Accounting Classification**

**JOB NUMBER**

**WORK OP**

**ACCOUNT**

**ORG. NUMBER**

**CONTROL SECTION**

**EQUIPMENT NUMBER**

**ORDER NUMBER**

**FEDERAL**

**NON-PARTICIPATING**

**NET AMOUNT**

**TOTAL**

**SIGNATURE OF APPROVING AUTHORITY**

**DATE**

**RECEIVING VERIFICATION (SIGNATURE)**

**DATE RECEIVED**

**CHECKED AND APPROVED FOR PROCESSING BY**

**DATE**

**WARRANT NUMBER**

**VOUCHER NUMBER**

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**Form 134-139 EF**

**Revised 7/94**