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| FORM A 19-1A (Rev. 5/91) |  | STATE OF WASHINGTON INVOICE VOUCHER |  | AGENCY USE ONLY | | |
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| *Office of Secretary of State*  *PO Box 40224*  *Olympia WA 98504- 0224* | | | | | | | | | | | | | | | | |  | | | *INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.* | | | | | | | | | | | |
| **VENDOR OR CLAIMANT (Warrant is to be payable to)** | | | | | | | | | | | | | | | | |  | | | 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. | | | | | | | | | | | |
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| **FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S.** | | | | | | | | | | | | | | | | | | | | | | RECEIVED BY | | | | | | | DATE RECEIVED | | |
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| DOC. DATE | | | | | PMT DUE DATE | | | CURRENT DOC. NO. | | | | REF DOC. | | | VENDOR NUMBER | | | | | | | | | | VENDOR MESSAGE | | | | | UBI NUMBER | |
| REF  DOC  SUF | TRANS  CODE | M  O  D | FUND | | | MASTER INDEX | | | SUB  OBJ | | SUB  SUB  OBJECT | | ORG  INDEX | WORKCLASS | | | | COUNTY | CITY/TOWN | | | PROJECT | | | SUB  PROJ | PROJ  PHAS | AMOUNT | | | INVOICE NUMBER | |
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