Form
A19-1A

State of Washington
INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO	LOCATION CODE	P.R. OR AUTH NO.

AGENCY NAME

Lower Columbia College
1600 Maple St
Longview, WA 98632

VENDOR OR CLAIMANT (Warrant is to be payable to)

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INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim 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 and/or services rendered have been provided without discriminations because of age, sex, marital status, race creed, color, national origin, religion, or Vietnam era or disabled veterans status.

BY
(SIGN IN INK)

(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)	RECEIVED BY	DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE

PREPARED BY	TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE

DOC DATE	PMT DUE DATE	CURRENT DOC NO.	FED. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER

OPER UNIT	BUS UNIT	ACCOUNT	FUND	APPROP	CLASS	DEPT	PC BUS	PROJECT	ACTIVITY	AMOUNT	INVOICE NUMBER
7130	WA130										

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
		0.00	