

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

AGENCY NAME
 Lower Columbia College
 1600 Maple St
 Longview, WA 98632

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)
 City of Longview
 PO Box 128
 Longview, WA 98623

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
7/08/24	Remaining Balance of Administration Building permits for Roof Repairs. Permit ID: CD2022-0888				1,600.00	
	Need by 7/15/24					
	Please contact CMS when check is ready					

PREPARED BY CWI / WABO EXAMINER James Kirk TELEPHONE NUMBER 360-442-XXXX DATE 7/08/24 AGENCY APPROVAL DATE

DOC DATE PMT DUE DATE CURRENT DOC NO. FED. DOC. NO. VENDOR NUMBER V000002833 VENDOR MESSAGE USE TAX UBI NUMBER

OPER UNIT	BUS UNI	ACCOUNT	FUND	APPROP	CLASS	DEPT	PC BUS	PROJECT	ACTIVITY	AMOUNT	INVOICE NUMBER
7130	WA130	5081250	060	A14	921	34343	WA130	0000005757	Q600	1,600.00	

ACCOUNTING APPROVAL FOR PAYMENT DATE WARRANT TOTAL WARRANT NUMBER