

# The Evergreen State College

FORM A-19

## INVOICE VOUCHER

INVOICE VOUCHER DATE		P.O. OR CONTRACT NUMBER	
AGENCY NAME AND ADDRESS		<b>INSTRUCTIONS TO VENDOR OR CLAIMANT:</b> Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item and attach receipts.  <b>Vendor's Certificate.</b> Under penalties of perjury, I certify that the items and totals listed herein are proper charges for material, 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 veteran status.	
THE EVERGREEN STATE COLLEGE 2700 EVERGREEN PARKWAY NW OLYMPIA, WA 98505			
<b>VENDOR OR CLAIMANT</b> <i>(Warrant is to be payable to)</i> PRINT NAME STREET OR BOX NUM CITY STATE ZIP FED ID/ SOC SEC BANNER ID			
SIGNATURE		DATE	

**Is the payee or the beneficiary of the payment a U.S. citizen or permanent resident alien?**  
 YES       NO

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
<b>TOTAL</b>					<b>0.00</b>

PREPARED BY _____ DATE <b>11/13/2012</b>	ORGANIZATION APPROVAL SIGNATURE _____ DATE _____ PRINT NAME _____
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INDEX	FUND	ORG	ACCT	OPTIONAL ACTV	AMOUNT
<b>TOTAL</b>					<b>0.00</b>

ACCOUNTING APPROVAL _____	DATE _____	BANNER INV. NO. _____
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