MINORITY BUSINESSES	
MARK BOX(ES) IF APPROPRIATE	
M	%
W	%
E	

Washington State Department of Transportation

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, natural origin, sex or age. By (Signature in ink)

Federal I.D. No. or Social Security No. (For reporting personal services. contract payment to IRS.)	Title	Date

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

Date	Description	Quantity	Unit	Unit Price	Amount

Agreements	Invoice				
Authorization	Description	Date	Gross Total	Discount	Net Total

ACCOUNTING CLASSIFICATION

Program	Task Order	Fund	Dept	Unit	Sub Unit	Object	Activity	Location	Appr Unit	Function	Bal Sheet	Amount
										TOTAL →		

Signature of Approving Authority	Date	Receiving Verification (Signature)	Date Received