

SEATTLE
COMMUNITY
COLLEGE
DISTRICT



AGENCY NAME

Seattle Central Community College
1701 Broadway
Seattle WA 98122

FORM
A19-1A



INVOICE VOUCHER

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)

SAMPLE

Vendor's Certificate

I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for merchandise or services furnished to the State of Washington, and that all goods and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, gender, sexual orientation, age.

(For Reporting Personal Services Contract Payments to I.R.S.)

FEDERAL ID # OR SSN

(SIGNATURE IN INK)

(TITLE)

(DATE)

INV C BU JA 26

Prepared by Jim Anderson Phone 934-6942 Date Prepared 4/18/2011

TRANSACTION

DATE	DESCRIPTION	QTY #	UNIT	UNIT PRICE	TAX	AMOUNT	CONTRACT
4/18/2011	Sample Description	1		1.00	0.00	\$1.00	
TOTAL						\$1.00	

BUDGET ALLOCATIONS

TRNS CD	RV	APPR INDEX	PRG INDEX	ORG INDEX	SUB OBJ	SRC REV	SUB SRC	REIM CD	ARID	FA	FAPC	TRANSACTION AMOUNT
		xxx	xxx	xxxx	xx							1.00
TOTAL												\$1.00

