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| **Form**  **A19-1A**  **(Rev. 5/91)** | | | |  | | **State of Washington**  **INVOICE VOUCHER** | | | | | | | | |  | | | | | | **AGENCY NO.**  303 | | | | | | | | **AGENCY USE ONLY**  **LOCATION CODE** | | | | | | **P.O. OR AUTH. NO.** | |
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| **AGENCY NAME** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **DOH Contracts – Grants Management**  **PO Box 47905**  **Olympia, WA 98504-7905** | | | | | | | | | | | | | | |  | | | | | | ***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)** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Northeast Tri-County Health District**  **240 E. Dominion Avenue**  **Colville, WA 99114-2732** | | | | | | | | | | | | | | |  | | | | | | **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 because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status  BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SIGN IN INK)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (TITLE) (DATE) | | | | | | | | | | | | | | | |
| Federal ID No. or Social Security No. (For Reporting Personal Services Contract Payments to I.R.S.)  **Reimbursement for services under contract #: CLH18254** | | | | | | | | | | | | | | | | | | | | | | Received By | | | | | | | | | | | | Date Received | | |
| **DATE** | | **DESCRIPTION** | | | | | | | | | | | | | **QUANTITY** | | | | | | | **UNIT** | | | | **UNIT PRICE** | | | | | | **AMOUNT** | | **FOR AGENCY USE** | | |
|  | | | **2018-2020 Consolidated Contract** | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | |  | |  | |
|  | | | **Billing for the Month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | |  | |  | |
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| **Prepared by** | | | | | | | **Telephone Number** | | | | | | **Date** | | | | | | | **Agency Approval** | | | | | | | | | | | | | | **Date** | | |
| **Doc. Date** | | | **Pmt Due Date** | | | | | **Current Doc No.** | | | **Ref. Doc No.**  **CLH18254** | | | | | | **Vendor Number**  **SWV0016112-00** | | | | | | | | | | **Vendor Message** | | | | | | | | | |
|  |  |  | | |  | | | |  |  | |  | | **Work**  **Class** | | **County** | | | **City/**  **Town** | | | | |  |  | | |  | | |  | | |  | | |
| **Ref**  **Doc**  **Suf** | **Trans**  **Code** | **M**  **O**  **D** | | | **MASTER INDEX**  **Fund - Appn - P.I.** | | | | **Sub**  **Obj** | **Sub**  **Sub**  **Obj** | | **Org Index** | | **Alloc** | | **Budget**  **Unit** | | | **MOS** | | | | | **Project** | **Sub**  **Proj** | | | **Proj**  **Phas** | | | | | **Amount** | **Invoice Number** | | |
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| **Grants Approval for Payment** | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | | | **Warrant Total** | | | | **Invoice No** | | |