

HERITAGE CAPITAL PROJECTS - INVOICE VOUCHER

FORM A19-2AE1 (REV. 6/94)	STATE OF WASHINGTON INVOICE VOUCHER
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CONTRACT NUMBER	INVOICE DATE	INVOICE NO.

AGENCY
Washington State Historical Society 1911 Pacific Avenue Tacoma, WA 98402

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 OR SERVICES RENDERED HAVE BEEN PROVIDED WITHOUT DISCRIMINATION ON THE GROUNDS OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, OR AGE.

VENDOR OR CLAIMANT

FEDERAL TAX ID NO.: _____
FAILURE TO PROVIDE THIS NUMBER WILL RESULT IN DELAY OF PAYMENT.

BY: _____
PRIMARY CONTACT/PROJECT MANAGER

PRINT NAME: _____

DATE: _____

DESCRIPTION	AMOUNT	FOR AGENCY USE
Total HCP Grant Amount Earned to Date		
Less Total HCP Grant Amount Previously Claimed		
AMOUNT DUE THIS INVOICE		
This certifies the services invoiced herewith have been received. _____ Date: _____ Fiscal Officer _____ Print Name		

PREPARED BY	TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE
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DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF DOC NO	VENDOR NUMBER	USE TAX	VENDOR MESSAGE	UBI NUMBER
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REF SUF	TRANS CODE	M O D	FUND	MASTER APPEN INDEX	INDEX	SUB OBJ	SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	CO.	CITY/ TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER

APPROVED FOR PAYMENT BY	DATE	WARRANT TOTAL	WARRANT NUMBER
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