FORM A-19-1A (Rev. 6/95)



STATE OF WASHINGTON INVOICE VOUCHER

AGENCY NAME									
Vashington State Department of Natural Resources owers Road Ellensburg WA 98926	713								

AGENCY USE ONLY								
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO						

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials or services. Show complete detail for each item.

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.

VENDOR OR CLAIMANT (Warrant is to be payable to) Kittitas County Community Development Services 411							411			BY	M	HAMI	That	15		
North Ruby Street Ellensburg, WA 98926											Peri	n, d	IN BLUE	INK	10-11-18	
												.5x	<u>-1</u>	(TITLE)	0027	(DATE)
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract									ontract	Payments to I.R.	S.	RECEIV				DATE RECEIVED
DA	TE				DESCR	RIPTION				QUANTITY UNIT		UNIT PRICE		AMOUNT		FOR AGENCY USE
		Shoreline Exemption Permit Application Fee							1	1			\$1	,090.00		
West Fork Teanaway Bridge Replac						ceme	ent									
PREP	ARED	вү	Y TELEPHONE NUMBER							DATE	AGENCY APPROVAL				DATE	
DOC. DA	ATE	PMT	DUE DAT	E	CURRENT	DOC. NO.		REF. DOC	NO.	VENDOR N	IUMBER	V	ENDOR	MESSAGE	USE TAX	UBI NUMBER
REF DOC SUF	TRANS CODE	M O D	FUND	AP PN IND EX	MASTER INDEX PROGRA INDEX	KBQ M	SUB SUB	INDEX	WOR CLAS	BUDGET	CITY/ TOWN MOS	PROJECT	SUB	PROJ PHAS	AMOUNT	INVOICE NUMBER
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