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| FORM A 19-1A (Rev. 5/91) |  | STATE OF WASHINGTON INVOICE VOUCHER |  | AGENCY USE ONLY | | |
| **AGENCY NO.** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| **2150** |  |  |
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| AGENCY NAME | | | | | | | | | |  | | |  | | | | | | | | |
| Utilities and Transportation Commission  PO Box 47250  Olympia, Washington 98504-7250 | | | | | | | | | |  | | | *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)** | | | | | | | | | |  | | | 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. | | | | | | | | |
| **City of Anytown**  **PO Box 12345**  **Anytown, Washington 98123** | | | | | | | | | |  | | |
| BY | | |  | | | | | |
| (SIGN IN INK) | | | | | | | |  |
| (TITLE) (DATE) | | | | | | | | |
| **FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S.** | | | | | | | | | | | | | | | DOCKET # | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Billing period: From: 8/1/2015 (**grant approval date**) To: 10/15/2015 (**completion date**) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Project cost | | | | | | | | | | | | $ 35,123 (**Total cost of project**) | | | | | | | | | |
| Expenditure\* | | | | | | | | | | | | $ 20,000 (**Must match grant amount**) | | | | | | | | | |
| \*Note: all expenditures must be itemized on a Expenditure Summary Report | | | | | | | | | | | | | | | | | | | | | |
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| COMMENTS | | | | | | | | | | | | | | | | | | | | | |
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| PREPARED BY  Amy Andrews | | | | TELEPHONE NUMBER  4-1349 | | | DATE | | | | | | | AGENCY APPROVAL | | | | | | DATE | |
| DOC. DATE | | | | CURRENT DOC. NO. | | | | | VENDOR NUMBER  VOD0 | | | | | | | | VENDOR MESSAGE  **DOCKET # TR-** | | | | |
| TRANS  CODE | FUND | MASTER INDEX | | | SUB  OBJ | SUB  SUB  OBJECT | | ORG  INDEX | | | PROJECT | | | | | SUB  PROJ | | AMOUNT | INVOICE NUMBER | | |
| APPN  INDEX | PROGRAM  INDEX | |
| **211\_** | **080** | **030** | **00514** | | **NZ** |  | | **0211** | | |  | | | | |  | |  | TR- | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | | | | | | | | DATE | | | | | | | | WARRANT TOTAL | | | WARRANT NUMBER | | |

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| EXPENDITURE SUMMARY | | | | | |
| **Grantee Name: City of Anytown** | | | **WUTC Docket #: TR-000000** | | |
| **Cost Information:** *Itemize all expenditures below* | | | | | |
| **Description** | **Date** | **Vendor/Employee** | | **Check #** | **Amount** |
| Fencing/installation | 9/15/15 | Great Fencing Company | |  | $ 30,000 |
| Hardware | 9/15/15 | Super Hardware | |  | $ 5,123 |
|  |  |  | |  |  |
|  |  | (Overage paid by City of Anytown) | |  | ($15,123) |
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| **GRAND TOTAL** | | | | | **$20,000\*** |
| **Project Status**  **Completed**  **\* Note: Grand total must match approved grant amount. Attach copies of all invoices and submit to UTC with these reimbursement forms.** | | | | | |