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| **AGENCY NAME** |  | **INSTRUCTIONS TO VENDOR OR CLAIMANT:** |
| **WA Traffic Safety Commission****PO Box 40944****Olympia, WA 98504-0944** | Submit this form to claim payment for materials, merchandise, 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.***Typing your name below constitutes your electronic signature on this document.****Name:**  Type Name.**Date:**  Pick Date. |
| **VENDOR OR CLAIMANT (Warrant is to be payable to)** |
| NameAddressCity, State, ZIP |
| * **Statewide Vendor #: SWV**XXXXXXXX **-** XX
 |
| * **Federal ID #:**  XX **-** XXXXXXXX
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| **DATE** | **DESCRIPTION** | **QUANTITY** | **UNIT****PRICE** | **AMOUNT** | **FOR AGENCY****USE** |
| Pick Date. | Enter Description. |       |       | 0.00 |  |
| Pick Date. | Enter Description. |       |       | 0.00 |  |
| Pick Date. | Enter Description. |       |       | 0.00 |  |
| Pick Date. | Enter Description. |       |       | 0.00 |  |
| Pick Date. | Enter Description. |       |       | 0.00 |  |
| Pick Date. | Enter Description. |       |       | 0.00 |  |
| Pick Date. | Enter Description. |       |       | 0.00 |  |
|  | **TOTAL**  |       |  | $0.00 |  |
| PREPARED BY Preparer Name  | TELEPHONE NUMBER(XXX)XXX **-** XXXX |
| **SUBMIT DOCUMENTS TO: Cesi Velez,** **velezc@cobl.us** |
| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF DOC. | VENDOR NUMBER | VENDOR MESSAGE | UBI NUMBER |
| REFDOC | TRANSCODE | MOD | FUND | MASTER INDEX | SUBOBJ | SUBSUBOBJECT | ORGINDEX | WORKCLASS | COUNTY | CITY/TOWN | PROJECT | SUBPROJ | PROJPHAS | AMOUNT | INVOICE NUMBER |
| APPN INDEX | PROGRAMINDEX | ALLOC | BUDGETUNIT | MOS |
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|  ACCOUNTING APPROVAL FOR PAYMENT |  DATE |  WARRANT TOTAL |  WARRANT NUMBER |