|  |  |  |
| --- | --- | --- |
| **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)** |
| Name  Address  City, State, ZIP |
| * **Statewide Vendor #: SWV**XXXXXXXX **-** XX |
| * **Federal ID #:**  XX **-** XXXXXXXX |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:velezc@cobl.us) | | | | | | | | | | | | | | | | | | | | | |
| DOC. DATE | | | | PMT DUE DATE | | CURRENT DOC. NO. | | | REF DOC. | | | VENDOR NUMBER | | | | VENDOR MESSAGE | | | | UBI NUMBER | |
| REF  DOC | TRANS  CODE | M  O  D | FUND | MASTER INDEX | | | SUB  OBJ | SUB  SUB  OBJECT | | ORG  INDEX | WORKCLASS | | COUNTY | CITY/TOWN | PROJECT | SUB  PROJ | PROJ  PHAS | AMOUNT | | INVOICE NUMBER | |
| APPN  INDEX | PROGRAM  INDEX | | ALLOC | | BUDGET  UNIT | MOS |
|  |  |  |  |  |  | |  |  | |  |  | |  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  |  | |  |  | |  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  |  | |  |  | |  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  |  | |  |  | |  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  |  | |  |  | |  |  |  |  |  |  | |  | |
|  |  |  |  |  |  | |  |  | |  |  | |  |  |  |  |  |  | |  | |
| ACCOUNTING APPROVAL FOR PAYMENT | | | | | | | | DATE | | | | | | | | | WARRANT TOTAL | | | WARRANT NUMBER | |