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| FORMA 19-1A(Rev. 5/91) |  | STATE OF WASHINGTONINVOICE VOUCHER |  | AGENCY USE ONLY |
| **AGENCY NO.** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| 0850 |  |  |
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| AGENCY NAME |  |  |
| *Office of Secretary of State**PO Box 40224**Olympia WA 98504- 0224* |  | *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. |
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| BY |  |
|  (SIGN IN INK) |  |
|  (TITLE) (DATE) |
| **FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S.** | RECEIVED BY | DATE RECEIVED |
| **DATE** | **DESCRIPTION** | **QUANTITY** | UNIT**PRICE** | **AMOUNT** | **FOR AGENCY****USE** |
|  | State’s share of the 20\_\_\_ General Election Costs |  |  |  |  |
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|  | **(office use) PAY BY:** |  |  |  |  |
| PREPARED BY | TELEPHONE NUMBER  | DATE | AGENCY APPROVAL | DATE |
| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF DOC. | VENDOR NUMBER | VENDOR MESSAGE | UBI NUMBER |
| REFDOCSUF | 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 |