STATE OF WASHINGTON INVOICE VOUCHER

| | | 07011071 | TE LININGEROLEN | 2005 | | | | | | |
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| DEPARTMENT | | GTON STA | ATE UNIVERSITY | | L | | | | | |
| WSU Tri-C | | | | | INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. | | | | | |
| DEPARTMENT ADDRESS MAIL CODE | | | | | Show complete detail for each item. | | | | | |
| 2710 Crim | 2710 Crimson Way 1671 | | 671 | VENDOR'S CERTIFICATION | | | | | | |
| DEPARTMENTAL CONTACT CONTACT TELEPHONE NO. Danielle Kleist 372-7104 | | | | | I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise, or services | | | | | |
| | | ENDOR O | R CLAIMANT | furnished to the state of Washington. | | | | | | |
| NAME | | | | Are you a U.S. citizen? YES NO If no, indicate visa type | | | | | | |
| | | | | Are you a current or retired state of Washington employee? | | | | | | |
| ADDRESS | | | | BY: (Vendor/Claimant's Signature in Ink) TITLE | | | | | | |
| CITY/STATE/ZII | P CODE | | SECTION AND SECTIONS | | | | | | | |
| | | | | X | | | | | | |
| WSU ID NUMB | ER (WSU E | MPLOYEE/STU | DENT) | | * It is unlawful for any state agency to deny any right, benefit, or privilege provided by | | | | | |
| SOCIAL SECUR | RITY NO. O | R EMPLOYER T | TAXPAYER ID NO. (NON-V | WSU INDIVIDUAL)* | law because except in sperequesting p pursuant to \$ | an individual ecified circum: ayment from \ | refuses to o stances. WS WSU disclosof the Interr | disclose his SU is requir se social se nal Revenue | or her a ring that ecurity n e Code. | non-WSU individuals umber or employer ID (EIN) When required, WSU will |
| DATE | TE DESCRIPTION | | | | | QUANT | UNIT | UNIT PI | RICE | AMOUNT |
| | like to Due to first-or to quapayin WSUT Your listed sure to the Boundary of t | o commendo limited furome, first- alify for rei g WSUTC: TC comme mailing ad in my.WSi to update y eimbursem I fee & ther ookie at tir ghlighted a ding the cl unts/Cashi s must be: Please con | ate University Trid you by reimbursends, reimburser serve basis & is imbursement, you student & you mincement on Saturdress must mate U. If your address your myWSU (https://www.mate.com/ment/servers/servers/signatured/forms/sig | ental fees. anted on a d. In order S&A fee at the 018. address I, please be du/). t pre-pay the ovided by r. mplete r right box). Student May 11, | | | | | | |
| DEPARTME | | . AU | THORIZED SIGNATUR | RE | | DATE | | TOTA | ı | NAME |
| Please sign appropriate | | er the | | | Steve Konzek | | WSU1273-CONTR123-0614 | | | |
| | | | | | | | | OMP. TAX | | NET INVOICE |
| | | | ACCOUNT CO | PROJECT | OBJ | SUB | | AMOUNT | _ | AMOUNT |
| FUND S | SUBFUND | PROG | BUDGET | 0002 | 03 | AP | <u> </u> | | | |
| | | 16B | 6273 | 0002 | - 03 | Al | | | | |
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PURCHASE ORDER NO. OR TRAVEL AUTHORITY NO.

30.45.2