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| **Form**  **A19-1A**  **(Rev. 5/91)** | | | |  | | **State of Washington**  **INVOICE VOUCHER** | | | | | | | | |  | | | | | | **AGENCY NO.**  **3030** | | | | | | | | **AGENCY USE ONLY**  **LOCATION CODE** | | | | | | | | **P.O. OR AUTH. NO.** | |
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| **AGENCY NAME** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Washington State Department of Health**  **101 Israel Rd SE Tumwater, WA 98501-5570** | | | | | | | | | | | | | | |  | | | | | | ***INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete details 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  BY  (electronic signature or ink signature)  (TITLE) (DATE) | | | | | | | | | | | | | | | | | |
| Federal ID No. or Social Security No. (For Reporting Personal Services Contract Payments to I.R.S.) | | | | | | | | | | | | | | | | | | | | | | Received By | | | | | | | | | | | | | Date Received | | | |
| **DATE** | | **DESCRIPTION** | | | | | | | | | | | | | **QUANTITY** | | | | | | | **UNIT** | | | | **UNIT PRICE** | | | | | | **AMOUNT** | | | **FOR AGENCY USE** | | | |
|  | | | **Task #1-Grant Preparation & Administration:**   * **Workplan submitted** * **Participation in grant meetings and webinars** * **Trusted messengers identified and shared with DOH** * **Trusted messengers attended the Brain Health & Dementia Awareness TTT Course.** | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | **$1,500.00** | | |  | | |
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| **Prepared by** | | | | | | | **Telephone Number** | | | | | | **Date** | | | | | | | **Agency Approval** | | | | | | | | | | | | | | | **Date** | | | |
| **Doc. Date** | | | **Pmt Due Date** | | | | | **Current Doc No.** | | | **Ref. Doc No.** | | | | | | **Vendor Number** | | | | | | | | | | **Vendor Message** | | | | | | | **Use**  **Tax** | | **UBI Number** | | |
|  |  |  | | |  | | | |  |  | |  | | **Work**  **Class** | | **County** | | | **City/**  **Town** | | | | |  |  | | |  | | |  | | | |  | | | |
| **Ref**  **Doc**  **Suf** | **Trans**  **Code** | **M**  **O**  **D** | | | **MASTER INDEX**  **Fund - Appn - P.I.** | | | | **Sub**  **Obj** | **Sub**  **Sub**  **Obj** | | **Org Index** | | **Alloc** | | **Budget**  **Unit** | | | **MOS** | | | | | **Project** | **Sub**  **Proj** | | | **Proj**  **Phas** | | | | | **Amount** | | **Invoice Number** | | | |
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| **Accounting Approval for Payment** | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | | | **Warrant Total** | | | | | **Invoice No** | | | |