FORM A 19-1A (Rev. 5/91)

STATE OF WASHINGTON

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	AGENCY USE ON	ILY
Expense Code	Location Code	Contract Number

AGENCY	NAME
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Port of Olympia 606 Columbia St NW, STE 300 Olympia, WA 98501

VENDOR OR CLAIMANT (Warrant is to be payable to)

INSTRUCTIONS TO VENDOR OR CLAIMANT: 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.

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						(SIGN IN INK)		
		-			(1	TITLE)		(DATE)
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting	ng Personal Services Contract Pa	ayments to I.R.S.		RECEIVE	ED BY			DATE RECEIVED
DATE D	ESCRIPTION			QUANTI	TY	UNIT	AMOUNT	FOR AGENCY USE
Contract Not To Exceed Amour	nt			1		\$	XXX,XXX.XX	
Previously Invoiced Amount				Х		\$	XXX,XXX.XX	
Contract Balance (Not To Exceed Amount – Previ	iously Invoiced amount –	New Paymen	it					
requested amount)		DATE		AGENCY A	APPRO	VAL \$	XXX,XXX.00	DATE
DOC. DATE PMT DUE DATE CURRENT DO	C. NO. UBI NUMBER		VEND	OR MESSA	GE		VENDOR NUMBE	ER
REF	SUB ORG WORKCLAS SUB INDEX ALLOC	SS COUNTY CITY BUDGET UNIT	//TOWN MOS	PROJECT	SUB PROJ	AMOUNT INVOIC		INVOICE NUMBER
ACCOUNTING APPROVAL FOR PAYMENT	DATE					WARRANT TOTAL		WARRANT NUMBER