



Form A


Form A19-1A (Rev. 10/00) ECY 060-02		 State of Washington INVOICE VOUCHER		AGENCY USE ONLY												
		AGENCY NO.				LOCATION CODE				P.R. OR AUTH. NO.						
AGENCY NAME																
1. Proj. Off: _____ Prog: Solid Waste and Financial Assistance Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600						3. Payment Request No.: 4. Agreement No: 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.										
2. Grant/Loan Recipient (Warrant is to be payable to) Fed ID No.						5. By <div style="text-align: right;"><i>(sign in blue ink)</i></div> <hr/> Title Date <hr/> 6. Contact Person Tel. No. <hr/> Received By Date Received										
7		Effective Date				Expiration Date				Project Officer Approval for Payment/Performance Certification <div style="text-align: right;">Date:</div>						
8		Billing Period from				to										
9		Fund Source Name														
10		Amount of Grant/Loan from Fund														
11		Cumulative Amount Requested														
12		Previous Cumulative Amount Requested														
13		Current Request/Payment Due														
14		Grant/Loan Remaining in the Fund														
<i>All payments are made subject to federal and/or state audit</i>																
DOC DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC NO.		VENDOR NO.				VENDOR MESSAGE		USE TAX	UBI NO.	
REF DOC SUF	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
				ALLOC	BUDGET UNIT				MOS							
ACCOUNTING APPROVAL FOR PAYMENT								DATE				WARRANT TOTAL		WARRANT NUMBER		

Ecology is an Equal Opportunity Employer.


- Enter your grant officer's name.
- If you are not sure who your grant officer is, contact Dawn Drake at (360) 407-6112 or Alissa Ferrell at (360) 407-6707.

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AGENCY NAME												3. Payment Request No.:							
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2. Grant/Loan Recipient (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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AGENCY NAME _____																
1. Proj. Off: _____ Prog: <i>Solid Waste and Financial Assistance</i> Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600			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.													
2. Grant/Loan Recipient (Warrant is to be payable to) _____ Fed ID No. _____			5. By _____ (sign in blue ink) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Title</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> </table> 6. Contact Person _____ Tel. No. _____ Received By _____ Date Received _____	Title	Date											
Title	Date															
7	Effective Date _____	Expiration Date _____	Project Officer Approval for Payment/Performance Certification Date: _____													
8	Billing Period from _____	to _____														
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ACCOUNTING APPROVAL FOR PAYMENT _____										DATE _____		WARRANT TOTAL _____		WARRANT NUMBER _____		


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<ul style="list-style-type: none"> Number the invoice vouchers in numeric order. Your first payment request is #1, your second is #2, and so on until project completion. You do not have to start the numbering sequence over at the beginning of a new year. 							(sign in blue ink)									
							Date									
							Person				Tel. No.					
							Received By				Date Received					
							Project Officer Approval for Payment/Performance Certification									
7		Effective Date		Expiration Date												
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2. Grant/Loan Recipient (Warrant is to be payable to)			Date													
<ul style="list-style-type: none"> Place your grant number here. Your grant number is located in the top, left-hand corner on the first page of your grant agreement. An example of a grant agreement number is: G0800123. If you are unsure of your grant number, contact your grant officer. 			Tel. No.													
			Date Received													
			Date:													
7	Amount of Grant/Loan from Fund															
8	Cumulative Amount Requested															
9	Previous Cumulative Amount Requested															
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2. Grant/Loan Recipient (Warrant is to be payable to) Fed ID No. _____						5. By _____ <div style="text-align: right; font-style: italic;">(sign in blue ink)</div>													
						Title				Date									
						6. Contact Person				Tel. No.									
						Received By				Date Received									
						Approval for Payment/Performance Certification													
										Date:									
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- Sign here in **blue ink**.
- Include the title of the individual signing the voucher.
- Ensure the date is on or after the last day of the billing period in Block #8.


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<ul style="list-style-type: none"> Enter the name and contact phone number of the individual who prepared the payment request paperwork. This can be the same person who signs in block #5 or someone else. 		<i>LOCATION CODE</i>	<i>P.R. OR AUTH. NO.</i>													
<p><i>Prog: Solid Waste and Financial Assistance</i></p> <p style="text-align: center;"><i>Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600</i></p>		<p>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.</p>														
<p>2. Grant/Loan Recipient (Warrant is to be payable to)</p>		<p>5. By _____ <i>(sign in blue ink)</i></p>														
<p>Fed ID No.</p>		<p>Title _____ Date _____</p>														
		<p>6. Contact Person _____ Tel. No. _____</p>														
<p>Received By _____ Date Received _____</p>		<p>Project Officer Approval for Payment/Performance Certification</p>														
7	<i>Effective Date</i>	<i>Expiration Date</i>														
8	<i>Billing Period from</i>	<i>to</i>														
9	<i>Fund Source Name</i>															
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				<i>APPN INDEX</i>	<i>PROGRAM INDEX</i>				<i>ALLOC</i>	<i>BUDGET UNIT</i>	<i>MOS</i>					
<i>ACCOUNTING APPROVAL FOR PAYMENT</i>									<i>DATE</i>			<i>WARRANT TOTAL</i>		<i>WARRANT NUMBER</i>		


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Form A19-1A (Rev. 10/00) ECY 060-02				State INVO		<ul style="list-style-type: none"> Enter the complete duration of your grant located on the first page of your grant agreement. Effective date is the earliest date you can incur costs. Expiration date is the latest date you can incur costs before your grant expires. If you are unsure about the dates or where to find them, contact your grant officer. 		AUTH. NO.													
AGENCY NAME																					
1. Proj. Off: _____ Prog: <i>Solid Waste and Fin</i> Washington State Department P.O. Box 47600, Olympia, WA																					
2. Grant/Loan Recipient (Warrant is to be payable to)					religion, or Vietnam era or disabled veterans status.																
Fed ID No.					5. By _____ (sign in blue ink)																
					Title		Date														
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												P.R. OR AUTH. NO.							
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1. Proj. Off: _____ Prog: Solid Waste and _____ Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98512		<div style="border: 2px solid red; padding: 5px;"> <ul style="list-style-type: none"> Enter the dates covered by the billing period. All of your backup documentation (receipts, invoices, timesheets, etc.) should have a date that falls within this billing period. You should bill monthly or quarterly. The billing period can begin on or after the effective date in Block #7 and end before or on the expiration date of Block #7. </div>										at the items and totals listed furnished to the State of Washington have been provided without error, national origin, handicap,							
2. Grant/Loan Recipient (Warrant information)																			
Fed ID No. _____												(sign in blue ink)							
		Title _____ Date _____																	
		6. Contact Person _____ Tel. No. _____																	
		Received By _____ Date Received _____																	
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<ul style="list-style-type: none"> Enter the fund source for your grant. The fund source is on the first page of your grant. If you are unsure about your fund source, contact your grant officer. 														Totals listed date of ded without b, handicap,)					
2. Grant/Loan Recipient (Warrant is t																			
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2. Grant/Loan Recipient (Warrant is to be payable to)												• Enter the total amount awarded to your project. • Include your grant total and any amendments that grant additional funding.							
Fed ID No.						6. Contact Person _____ Tel. No. _____ Received By _____ Date Received _____													
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• Enter the amount from Line 11 on the Form B2.
 • This is your total amount of money requested to date.
 • This should be the same amount as the sum of Box #12 and Box #13 on this form.

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				AGENCY NO.			LOCATION CODE			P.R. OR AUTH. NO.															
AGENCY NAME												3. Payment Request No.:													
1. Proj. Off: _____ Prog: Solid Waste and Financial Assistance Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600						4. Agreement No:						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.													
2. Grant/Loan Recipient (Warrant is to be payable to)						5. By _____ (sign in blue ink)																			
						Title _____ Date _____																			
Fed ID No.												<ul style="list-style-type: none"> Enter the amount from line 11 of your previous payment request. If this is your first request, the number is "0". 													
7		Effective Date				Expiration Date																			
8		Billing Period from				to				Date:															
9		Fund Source Name																							
10		Amount of Grant/Loan from Fund																							
11		Cumulative Amount Requested																							
12		Previous Cumulative Amount Requested																							
13		Current Request/Payment Due																							
14		Grant/Loan Remaining in the Fund																							
All payments are made subject to federal and/or state audit																									
DOC DATE			PMT DUE DATE			CURRENT DOC. NO.			REF. DOC NO.									VENDOR NO.			VENDOR MESSAGE			USE TAX	UBI NO.
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS							PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER			
				APPN INDEX	PROGRAM INDEX																				
ACCOUNTING APPROVAL FOR PAYMENT									DATE			WARRANT TOTAL			WARRANT NUMBER										


Form A

Form A19-1A (Rev. 10/00) ECY 060-02		State of Washington INVOICE VOUCHER		AGENCY USE ONLY															
				AGENCY NO.			LOCATION CODE			P.R. OR AUTH. NO.									
AGENCY NAME												3. Payment Request No.:							
1. Proj. Off: _____ Prog: Solid Waste and Financial Assistance Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600						4. Agreement No:						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.							
2. Grant/Loan Recipient (Warrant is to be payable to)						5. By _____ <div style="text-align: right; font-size: small;">(sign in blue ink)</div>						Title _____ Date _____							
Fed ID No. _____						Received By _____			Date Received _____										
7		Effective Date Expiration Date				Project Officer Approval for Payment/Performance Certification													
8		Billing Period from _____ to _____				Date: _____													
9		Fund Source Name																	
10		Amount of Grant/Loan from Fund																	
11		Cumulative Amount Requested																	
12		Previous Cumulative Amount Requested																	
13		Current Request/Payment Due																	
14		Grant/Loan Remaining in the Fund																	
All payments are made subject to federal and/or state audit																			
DOC DATE			PMT DUE DATE			CURRENT DOC. NO.			REF. DOC NO.			VENDOR NO.			VENDOR MESSAGE			USE TAX	UBI NO.
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER			
ACCOUNTING APPROVAL FOR PAYMENT									DATE			WARRANT TOTAL			WARRANT NUMBER				

• Enter the sum amount from Row 11 of Form B.



Form A


Form A19-1A (Rev. 10/00) ECY 060-02		State of Washington INVOICE VOUCHER		AGENCY USE ONLY												
				AGENCY NO.			LOCATION CODE			P.R. OR AUTH. NO.						
AGENCY NAME												3. Payment Request No.: 4. Agreement No.: 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.				
1. Proj. Off: _____ Prog: Solid Waste and Financial Assistance Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600												5. By _____ (sign in blue ink)				
2. Grant/Loan Recipient (Warrant is to be payable to)												Title _____ Date _____				
Fed ID No. _____												6. Contact Person _____ Tel. No. _____				
7		Effective Date				Expiration Date										
8		Billing Period from				to										
9		Fund Source Name														
10		Amount of Grant/Loan from Fund														
11		Cumulative Amount Requested														
12		Previous Cumulative Amount Requested														
13		Current Request/Payment Due														
14		Grant/Loan Remaining in the Fund														
All payments are made subject to federal and/or state audit																
DOC DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC NO.		VENDOR NO.				VENDOR MESSAGE		USE TAX	UBI NO.	
REF DOC SUF	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
				ALLOC	BUDGET UNIT				MOS							
ACCOUNTING APPROVAL FOR PAYMENT								DATE				WARRANT TOTAL		WARRANT NUMBER		

• Subtract line 11 from line 10 and enter the amount here.
 • This is the remaining amount of funding you have for your project.



EXAMPLE

Form A

Form A19-1A (Rev. 10/00) ECY 060-02		 State of Washington INVOICE VOUCHER		AGENCY USE ONLY												
				AGENCY NO.			LOCATION CODE			P.R. OR AUTH. NO.						
		AGENCY NAME		3. Payment Request No.: 1												
1. Proj. Off: Jason Alberich Prog: Solid Waste and Financial Assistance Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600				4. Agreement No: G0800123 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.												
2. Grant/Loan Recipient (Warrant is to be payable to) Save Our Trees PO Box 1223 Olympia, WA 98502 Fed ID No.				5. By <i>Grant J. Recipient</i> (sign in blue ink) Title Executive Director Date 12/12/2008 6. Contact Person Grant L. Bookkeeper Tel. No. (360) 867-5309 Received By _____ Date Received _____												
7 Effective Date 7/1/2007 Expiration Date 6/30/2009				Project Officer Approval for Payment/Performance Certification												
8 Billing Period from 10/11/2008 to 12/11/2008				Date:												
9 Fund Source Name LTCA																
10 Amount of Grant/Loan from Fund				\$50,000												
11 Cumulative Amount Requested				\$10,000												
12 Previous Cumulative Amount Requested				\$0												
13 Current Request/Payment Due				\$10,000												
14 Grant/Loan Remaining in the Fund				\$40,000												
All payments are made subject to federal and/or state audit																
DOC DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC NO.		VENDOR NO.				VENDOR MESSAGE		USE TAX	UBI NO.	
REF DOC SUF	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
				ALLOC	BUDGET UNIT				MOS							
ACCOUNTING APPROVAL FOR PAYMENT								DATE				WARRANT TOTAL		WARRANT NUMBER		

Ecology is an Equal Opportunity Employer.

EXAMPLE