STATE OF WASHINGTON INVOICE VOUCHER

PURCHASE ORDER NO. OR TRAVEL AUTHORITY NO.

WASHINGTON STATE UNIVERSITY 365	
DEPARTMENT NAME	
DEPARTMENT ADDRESS	MAIL CODE
DEPARTMENTAL CONTACT	CONTACT TELEPHONE NO.

VENDOR OR CLAIMANT

NAME
U.S. Department of Homeland Security

ADDRESS
Not Required

CITY/STATE/ZIP CODE
Not Required

WSU ID NUMBER (WSU EMPLOYEE/STUDENT)
10944398

SOCIAL SECURITY NO. OR EMPLOYER TAXPAYER ID NO. (NON-WSU INDIVIDUAL)*
Not Required

INSTRUCTIONS TO VENDOR OR CLAIMANT:
Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.

VENDOR'S CERTIFICATION

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.

Are you a U.S. citizen? ☐ YES ☐ NO If no, indicate visa type _____

Are you a current or retired state of Washington employee? ☐ YES ☐ NO

BY: (Vendor/Claimant's Signature in Ink)	TITLE
X	**Signature Not Required**

* It is unlawful for any state agency to deny any right, benefit, or privilege provided by law because an individual refuses to disclose his or her social security number except in specified circumstances. WSU is requiring that non-WSU individuals requesting payment from WSU disclose social security number or employer ID (EIN) pursuant to Section 6109 of the Internal Revenue Code. When required, WSU will use social security numbers for IRS reporting purposes only.

DATE	DESCRIPTION	QUANT	UNIT	UNIT PRICE	AMOUNT
	Premium Processing Fee for _____.	**1**			**2500.00**
	Check must be made payable to U.S. Department of Homeland Security.				
	Please hold check for pickup. Contact:				
				TOTAL	**$2500.00**

DEPARTMENT:
Please sign and enter the appropriate account code.

AUTHORIZED SIGNATURE	DATE	TYPED/PRINTED NAME
X		

WSU1273-CONTR123-0614

ACCOUNT CODE							COMP. TAX	NET INVOICE
FUND	SUBFUND	PROG	BUDGET	PROJECT	OBJ	SUB	AMOUNT	AMOUNT
					03	**SK**		**2,500.00**
						TOTALS		**2,500.00**

30.45.2