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

SUPPLIER’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: (Supplier/Claimant’s Signature in Ink) TITLE X

* It is unlawful for any state agency to deny any right, benefit, or privilege provided by law because an individual refuses to disclose their 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.

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TOTAL 0.00

DEPARTMENT NAME
DEPARTMENT ADDRESS
MAIL CODE
DEPARTMENTAL CONTACT
CONTACT TELEPHONE NO.

SUPPLIER OR CLAIMANT
NAME
ADDRESS
CITY/STATE/ZIP CODE
WSU SUPPLIER ID
SOCIAL SECURITY NO. OR EMPLOYER TAXPAYER ID NO. (NON-WSU INDIVIDUAL)*

AUTHORIZED SIGNATURE X DATE
DEPARTMENTAL CONTACT NAME
CONTACT TELEPHONE NO.
ADDRESS
CITY/STATE/ZIP CODE
WSU SUPPLIER ID
SOCIAL SECURITY NO. OR EMPLOYER TAXPAYER ID NO. (NON-WSU INDIVIDUAL)*

ACCOUNT CODE
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TOTALS 0.00 0.00

DEPARTMENT:
Please sign and enter the appropriate account code.