STATE OF WASHINGTON INVOICE VOUCHER

PURCHASE ORDER NO. / SPEND AUTHORIZATION NO.

WASHINGTON STATE UNIVERSITY 365	
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)*	

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.

DATE	DESCRIPTION	QUANT	UNIT	UNIT PRICE	AMOUNT
				TOTAL	0.00

DEPARTMENT:
Please sign and enter the appropriate account code.

AUTHORIZED SIGNATURE	DATE	TYPED/PRINTED NAME
X		

ACCOUNT CODE									COMP. TAX	NET INVOICE
PROJECT	PROGRAM	GIFT	GRANT	COST CENTER	FUND	FUNCTION	SPEND CATEGORY	REGION	AMOUNT	AMOUNT
								TOTALS	0.00	0.00

WSU1273-CONTR123-0221