FORM A19-1A (REV. 5/91)

STATE OF WASHINGTON

INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY	LOCATION CODE	P.R. OR AUTH. NO.
3000	9HN1	

AGENCY NAME

DSHS/HRSA/Division of Alcohol and Substance Abuse
P.O. BOX 45330
OLYMPIA, WA 98504

VENDOR OR CLAIMANT (Warrant is to be payable to)

SignOn: A Sign Language Interpreting Resource, Inc.
130 Nickerson Ave., Suite 107
Seattle, WA 98109

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.

BY

(SIGN IN INK) | (TITLE) | (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. | RECEIVED BY | DATE RECEIVED

DATE	DESCRIPTION	RATE	UNIT	QUANTITY	AMOUNT
	Sign Language Interpreter Services				
		$55.00	Hour		
		$50.00	Hour		
		$40.00	Hour		
		$25.00	Hour		
	Contract Service Fee	$30.00			
	Mileage @ .505/Mile	$0.505	Miles		

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL: **Keri Patzer** | DATE

DOC. DATE | PMT DUE DATE | CURRENT DOC NUMBER: **VHG** | REF. DOC. NO. | VENDOR NUMBER: **SWV0022160-00** | VENDOR MESSAGE

REF DOC SUF	TRAN CODE	MOD	FUND	MASTER INDEX: APPN INDEX	MASTER INDEX: PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	ALLOC	ACCOUNT NUMBER	AMOUNT	INVOICE NUMBER
	210		001	GA	G2152	ER	9439	G700	0010			

ACCOUNTING APPROVAL FOR PAYMENT: Chevonn Kendall | DATE | WARRANT TOTAL | BATCH TOTAL