

The Evergreen State College

FORM A-19

INVOICE VOUCHER

INVOICE VOUCHER DATE		P.O. OR CONTRACT NUMBER			
October 18, 2013					
AGENCY NAME AND ADDRESS		INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item and attach receipts.			
THE EVERGREEN STATE COLLEGE 2700 EVERGREEN PARKWAY NW OLYMPIA, WA 98505					
VENDOR OR CLAIMANT (Warrant is to be payable to)					
PRINT NAME Shannon Lindquist		Vendor's Certificate. Under penalties of perjury, I certify that the items and totals listed herein are proper charges for material, 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 veteran status.			
STREET OR BOX NUM 1808 Pacific Ave #205					
CITY San Francisco				STATE CA	ZIP 94109
FED ID/ SOC SEC				BANNER ID	
		SIGNATURE		DATE	

Is the payee or the beneficiary of the payment a U.S. citizen or permanent resident alien?

☒ YES

☐ NO

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
11/6/2013	Speaker fee for tabling event in San Francisco, CA	1	lot	100.00	100.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

TOTAL 100.00

PREPARED BY	DATE	ORGANIZATION APPROVAL SIGNATURE	DATE
Lorri Moore x 6867	10/18/2013		
		PRINT NAME	Martha Henderson

INDEX	FUND	ORG	ACCT	OPTIONAL ACTV	AMOUNT
		25101	7614		100.00

TOTAL 100.00

ACCOUNTING APPROVAL	DATE	BANNER INV. NO.
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