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| FORM | |  | | STATE OF WASHINGTON | |  | | AGENCY USE ONLY | | | |
| **A19-1A** | |  | |  | |  | | AGENCY NO. | | CONTRACT NO. OR GA AUTH. NO. | |
|  | |  | | **INVOICE VOUCHER** | |  | |  | |  | |

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| **AGENCY NAME** | |  | | ***INSTRUCTIONS TO VENDOR OR CLAIMANT:*** | |
| Washington Association of Sheriffs and Police Chiefs  3060 Willamette Dr. NE #200  Lacey, WA 98516  ATTN: Traffic Safety Grants | |  | | Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.  **Vendor’s Certificate:**  I herebycertify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise orservices furnished | |
| **VENDOR OR CLAIMANT (warrant is to be payable to)** | |  | | 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 veteran status.  By: | |
|  | |  | | (Sign in ink)**NOTE: MUST CONTAIN ACTUAL SIGNATURE** | |
| ATTN: | |  | |  | |
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| **DATE** | **DESCRIPTION** | **QUANTITY** | **UNIT PRICE** | **AMOUNT** |
|  | Lidar (CFDA 20.600) |  |  |  |
|  | Radar (CFDA 20.600) |  |  |  |
|  | **FST (CFDA 20.608)** |  |  |  |
|  | SECTOR Printer (CFDA 20.600) |  |  |  |
|  | SECTOR Scanner (CFDA 20.600) |  |  |  |
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|  | PLEASE NOTE DATE EQUIPMENT RCVD:\_\_\_\_\_\_\_\_\_\_\_ CANNOT PROCESS REIMBURSEMENT WITHOUT THIS DATE |  |  |  |
|  |  |  |  |  |
|  | 2025 WASPC Traffic Safety Equipment Grant | Total: |  |  |
|  | WASPC ACCOUNTING: 120-6200-00 |  |  |  |

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| PREPARED BY | | | | | | | TELEPHONE NUMBER | | | | | | | DATE | | | | | | AGENCY APPROVAL | | | | | | DATE | | |
| DOC DATE | | |  |  | CURRENT DOC NO | | | |  | | REF DOC NO | | | | |  | | | VENDOR NUMBER | | | | | | VENDOR MESSAGE | | | |
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| SUF | CODE | | D | FUND | INDEX | INDEX | | | OBJ | | OBJ | | CNTY | | | CITY | | | PROJECT | | | AMOUNT | | | NUMBER | | | LEDGER |
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| ACCOUNTING APPROVAL FOR PAYMENT | | | | | | | |  | |  | | DATE | | | | |  |  | | | WARRANT TOTAL | | |  | | |  | |