

FORM <b>A 19-1A</b> (Rev. 5/91)	STATE OF WASHINGTON <b>INVOICE VOUCHER</b>
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AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.
<b>2150</b>		

AGENCY NAME
Utilities and Transportation Commission PO Box 47250 Olympia, Washington 98504-7250

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

VENDOR OR CLAIMANT (Warrant is to be payable to)
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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.

CWW, LLC 709 N 10 <sup>th</sup> Ave Walla Walla, WA 99362
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BY <u>Jared Jungmann</u> (SIGN IN INK)	10/7/2024
Lead Signal Technician (TITLE)	(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S.)	DOCKET # <b>TR-220782</b>
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Amount authorized (granted):	\$17,400.00
Actual Cost of Project:	\$19,013.39
Amount Requested for Reimbursement*	\$17,400.00

\*Note: all expenditures must be itemized on a Expenditure Summary Report

COMMENTS

PREPARED BY <b>Kim Anderson</b>	TELEPHONE NUMBER <b>360-664-1153</b>	DATE	AGENCY APPROVAL	DATE
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DOC. DATE:	CURRENT DOC. NO.:	REF DOCUMENT NUMBER: <b>TR-</b>	EXCEPTION CODE: <b>04</b>
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TRANS CODE	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	PROJECT	SUB PROJ	AMOUNT	INVOICE NUMBER
		APPN INDEX	PROGRAM INDEX							
<b>21</b>	<b>080</b>	<b>030</b>	<b>00514</b>	<b>NZ</b>		<b>0210</b>				<b>TR-</b>

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
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