FORM A 19-1A (Rev. 5/91)



STATE OF WASHINGTON

INVOICE VOUCHER

DEPARTMENT NAME

Athletics, PEB 100

Department and Location

VENDOR OR CLAIMANT (Check is to be payable to)

Robin Johnson 12123 Cedar St. Cheney, WA 99004

Name, mailing address, and EWU ID of employee to receive reimbursement.

EWU ID: 00123456

AGENCY USE ONLY
AGENCY NO. LOCATION CODE P.R. CAUTH. NO.

INSTRUCTIONS TO VENDOR OR G. MAN. Submit this form to claim payment for materials, merchandies or en ices. Show complete detail for each item.

Vendor's Cercat I her by certify under penalty of perjury that the items and totals listed her are proper charges for materials, merchandise or services furnished to the tee 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.

Employee signature, title and date

Vendor Signature

Robin Johnson
(SIGN IN INK)

5-13-24

Assistant Softball Coach

(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S. RECE					CEIVED BY			DATE RECEIVED	
DATE		DESCRIPTION	DESCRIPTION		QUANTITY	UNIT PRICE	AMOUN	FOR AGENCY USE	
5-3-24 Book - How to be a great softba			ll coach		1	32.52	32.52		
5-8-24 Lunch with		Prospective Student Athlete			1	42.65	42.65		
5-11-24 Statistics boo		ok for NSF athlete study			1	156.00 156.00)	
	nith	TELEPHONE NUMBER x1234 EE DATE DUE DATE	ote this information for the state of the st	DEPAR	MENT APPROVI	CFO	RENCE NUMBE	DATE 5-14-24 R TAX CODE	
Index /Fund		Account	LIQ		L	Amount			
200111		71400	,	32.5	52				
200222		71762		42.65					
500333		71400		156	156.00				
Banner Index Number(s)		Banner Account Number(s)		ount to charge to each ex and Account Number					
ACCOUNTING A	PPROVAL FOR PAYMENT	5-14-24 G.J.	ones, OGRI) Dír	ector	TOTAL	* *, ,	BANNER NUMBER	