

# Form A

<b>Form</b> A19-1A (Rev. 10/00) ECY 060-02				State of Washington <b>INVOICE VOUCHER</b>		<b>AGENCY USE ONLY</b>										
				<b>AGENCY NO.</b>		<b>LOCATION CODE</b>		<b>P.R. OR AUTH. NO.</b>								
		<i>AGENCY NAME</i>		<b>3. Payment Request No.:</b>  <b>4. Agreement No.:</b>  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.												
<b>1. Proj. Off:</b> _____  Prog: <b>Waste 2 Resources</b>  Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600		<b>2. Grant/Loan Recipient (Warrant is to be payable to)</b>          Fed ID No.		<b>5. By</b>          (sign in blue ink)		<b>Title</b> _____ <b>Date</b> _____		<b>6. Contact Person</b> _____ <b>Tel. No.</b> _____		<b>Received By</b> _____ <b>Date Received</b> _____						
<b>7</b>	<b>Effective Date</b>		<b>Expiration Date</b>		<b>Project Officer Approval for Payment/Performance Certification</b>          <b>Date:</b>											
<b>8</b>	<b>Billing Period from</b>		<b>to</b>													
<b>9</b>	<b>Fund Source Name</b>															
<b>10</b>	<b>Amount of Grant/Loan from Fund</b>															
<b>11</b>	<b>Cumulative Amount Requested</b>															
<b>12</b>	<b>Previous Cumulative Amount Requested</b>															
<b>13</b>	<b>Current Request/Payment Due</b>															
<b>14</b>	<b>Grant/Loan Remaining in the Fund</b>															
All payments are made subject to federal and/or state audit																
<b>DOC DATE</b>		<b>PMT DUE DATE</b>		<b>CURRENT DOC. NO.</b>		<b>REF. DOC NO.</b>		<b>VENDOR NO.</b>			<b>VENDOR MESSAGE</b>		<b>USE TAX</b>	<b>UBI NO.</b>		
<b>REF DOC SUF</b>	<b>TRANS CODE</b>	<b>M O D</b>	<b>FUND</b>	<b>MASTER INDEX</b>		<b>SUB OBJ</b>	<b>SUB SUB OBJECT</b>	<b>ORG INDEX</b>	<b>WORKCLASS</b>	<b>COUNTY</b>	<b>CITY/TOWN</b>	<b>PROJECT</b>	<b>SUB PROJ</b>	<b>PROJ PHAS</b>	<b>AMOUNT</b>	<b>INVOICE NUMBER</b>
				<b>APFN INDEX</b>	<b>PROGRAM INDEX</b>				<b>ALLOC</b>	<b>BUDGET UNIT</b>	<b>MOS</b>					
<b>ACCOUNTING APPROVAL FOR PAYMENT</b>								<b>DATE</b>				<b>WARRANT TOTAL</b>		<b>WARRANT NUMBER</b>		

Ecology is an Equal Opportunity Employer.

## **INSTRUCTIONS FOR COMPLETING FORM A**

1. Enter the name and program of the Ecology project officer.
2. Enter the name and address of the recipient, along with the contact person for us to call with any questions about the billing. Enter the recipient's Federal ID No.
3. Enter the number of the payment request – they are numbered consecutively.
4. Enter the grant or loan number.
5. Have the authorized official sign and date the request.
6. Enter the name and telephone number of the person who completed the payment request.
7. Enter the effective date and expiration date of the agreement.
8. Enter the period covered by the current payment request. No costs are eligible if incurred before the effective date or after the expiration date.
9. **FUND SOURCE Name:** List the name of each fund source administered by Ecology which supports the project costs.
10. **AMOUNT OF GRANT/LOAN from FUND:** For each fund source, enter the amount of the grant or loan established in the agreement. If there have been any amendments to the agreement, enter the amount established in the last amendment.
11. **CUMULATIVE AMOUNT REQUESTED from FUND:** If there is only one Form B1 or B2 for this billing, enter the amounts computed for each fund on line 11 of Form B2 or line 6(B) of form B1 (page 2). If there is more than one Form B1 or B2, do the following: for each fund, add the fund amounts computed on line 11 of all Forms B2 or line 6(b) of all Forms B1 (page 2) submitted with this payment request, and enter the sum.
12. **PREVIOUS CUMULATIVE AMOUNTS REQUESTED:** Enter the amount on line 11 of the previous Form A. For first billings, enter 0.
13. **CURRENT REQUEST:** Compare the amount of the grant or loan from each fund (line 10) to the cumulative amount requested from the fund (line 11). Subtract line 12 from the smaller of the two and enter the result. If less than zero, enter zero.
14. **GRANT/LOAN REMAINING in the FUND:** Subtract the cumulative amount requested (line 11) from the Grant/Loan Amount in the Fund (line 10). If the result is less than zero, enter zero.