STATE OF WASHINGTON

Payment Request/Payment Authorization

AGENCY	Choose from drop down list
Name	
Phone #	
Email	

SUPPLIER INFORMATION & CERTIFICATION

Name	
Address	
City/State/Zip	
Contact Name	
Contact Phone #	
Supplier #	Workday supplier ID (if known)
or	
Federal Tax ID #	Fed Tax ID (if no Workday ID)

***INSTRUCTIONS TO SUPPLIER OR CLAIMANT*:**

Submit this form to claim payment for materials or services. Show complete detail for each item.

Supplier'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.

(REQUESTOR SIGNATURE)

(TITLE) ***(DATE)***

INVOICE DATE	INVOICE NUMBER	CONTRACT NUMBER	PURCHASE ORDER NUMBER	DESCRIPTION	QUANTITY	UNIT OF MEASURE	UNIT COST	AMOUNT	TAX	TOTAL AMOUNT	FOR AGENCY USE
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
										$0.00	
				Goods/Services Received By:				$0.00	$0.00	$0.00	
				Delivery/Service Date:							

DRAFT

AGENCY USE ONLY:

Invoice Line Key	Cost Center	Fund	Appropriation	Program	Spend Category	Grant	IT Cost Category	Allocation Pool	Project	Budget Activity	Business Unit	Agency Use Code	Fiscal Period of Service	Revenue Category	Intercompany Affiliate	Location	Region	Amount	Memo
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

AGENCY ENTRIES PREPARED BY:		DATE	
AGENCY APPROVAL FOR PAYMENT:		DATE	