



Date Received by UW

Instructions to Vendor or Claimant: Submit this form to claim payment for materials, merchandise or services.	INVOICE DATE	INVOICE NUMBER	PURCHASE ORDER NO.
VENDOR/CLAIMANT-NAME		U.S TAXPAYER I.D. NUMBER	
REMITTANCE ADDRESS		UNIVERSITY OF WASHINGTON	
		PROJECT NUMBER	
CITY	STATE	ZIP CODE	PROJECT NAME
VENDORS CERTIFICATE: I certify under penalty of perjury under the laws of the State of Washington that the totals listed herein are true, correct, and proper charges for materials, merchandise or services furnished to the University of Washington.			
SIGNATURE			

	Amount
Subtotal	-
plus Sales tax _____ %	-
less Retainage _____ % [please specify type of retainage]	-
adjustment specify: _____	
Total amount due this request	\$ -

DO NOT WRITE BELOW THIS LINE

ACCOUNTING DETAIL