

## RETAINAGE INVOICE VOUCHER

Instructions to Vendor or Claimant: Submit this form to claim payment for materials, merchandise or services.				INVOICE DATE		INVOICE NUMBER		P. O. NO. FOR RETAINAGE	
BANK NAME			C/O VENDOR/CLAIMANT NAME			U.S. TAXPAYER I.D. NUMBER			
BANK'S REMITTANCE ADDRESS						<b>UNIVERSITY OF WASHINGTON</b>			
						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						DATE			
								Amount	
<b>Retainage Amount</b>									
<b>Total amount due this request</b>								\$ -	
<b>DO NOT WRITE BELOW THIS LINE</b>									
ACCOUNTING DETAIL									
Item Above	Budget Number	Expended Code			Cost including Sales Tax and Freight	Notes		LIQ	
		OBJ	SUB	SSUB					
Purchase Order Number		<b>INVOICE TOTALS</b>			\$ -				
Departmental Approval (Accounting)				Goods/ Services Received & Approved By			Approval Date		
				Print Name & Sign					