



CAPITAL PLANNING & DEVELOPMENT

UNIVERSITY of WASHINGTON

Planning & Management

Date Received by UW

RETAINAGE INVOICE VOUCHER

Instructions to Vendor or Claimant: Submit this form to claim payment for materials, merchandise or services.		INVOICE DATE #REF!	INVOICE NUMBER #REF!	P. O. NO. FOR RETAINAGE
BANK NAME	C/O VENDOR/CLAIMANT NAME #REF!	U.S. TAXPAYER I.D. NUMBER		
BANK'S REMITTANCE ADDRESS		UNIVERSITY OF WASHINGTON		
		PROJECT NUMBER #REF!		
CITY	STATE	ZIP CODE	PROJECT NAME #REF!	
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
Retainage Amount	
Total amount due this request	\$ -

DO NOT WRITE BELOW THIS LINE

ACCOUNTING DETAIL							
Item Above	Budget Number	Expended Code			Cost including Sales Tax and Freight	Notes	LIQ
		OBJ	SUB	SSUB			
Purchase Order Number		INVOICE TOTALS			\$ -		

Departmental Approval (Accounting)	Goods/ Services Received & Approved By Print Name & Sign	Approval Date
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