



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			
Retainage Amount Total amount due this request						Amount		
						\$ -		
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	