

STATE OF WASHINGTON INVOICE VOUCHER

PURCHASE ORDER NO. OR TRAVEL AUTHORITY NO.

WASHINGTON STATE UNIVERSITY 365	
DEPARTMENT NAME	
Sleep and Performance Research Center	
DEPARTMENT ADDRESS	MAIL CODE
412 E. Spokane Falls Blvd.	
DEPARTMENTAL CONTACT	CONTACT TELEPHONE NO.
Carol Silviesu	509-358-7750
VENDOR OR CLAIMANT	
NAME	
ADDRESS	
CITY/STATE/ZIP CODE	
WSU ID NUMBER (WSU EMPLOYEE/STUDENT)	
SOCIAL SECURITY NO. OR EMPLOYER TAXPAYER ID NO. (NON-WSU INDIVIDUAL) *	

INSTRUCTIONS TO VENDOR OR CLAIMANT:
Submit this form to claim payment for materials, merchandise or services.
Show complete detail for each item.

VENDOR'S CERTIFICATION	
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.	
Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, indicate visa type _____	
BY: (Vendor/Claimant's Signature in Ink)	TITLE
X	

* It is unlawful for any state agency to deny any right, benefit, or privilege provided by law because an individual refuses to disclose his or her social security number except in specified circumstances. WSU is requiring that non-WSU individuals requesting payment from WSU disclose social security number or employer ID number (EIN) pursuant to Section 6109 of the Internal Revenue Code. When required, WSU will use disclosed social security numbers for IRS reporting purposes only.

DATE	DESCRIPTION	QUANT	UNIT	UNIT PRICE	AMOUNT
	Participant Research Fee		Each		
	--Payment to Participant for Research Study (IRB #XXX)				
	***Please ONLY send Check to:				
	Attention: Carol Silviesu				
	WSU-Spokane SPRC				
	P.O. Box 1495				
	Spokane, WA 99210-1495				
TOTAL					

DEPARTMENT:
Please sign and enter the appropriate account code.

AUTHORIZED SIGNATURE

DATE

TYPED/PRINTED NAME

X

ACCOUNT CODE							COMP. TAX	NET INVOICE
FUND	SUBFUND	PROG	BUDGET	PROJECT	OBJ	SUB	AMOUNT	AMOUNT

TOTALS