



UNIVERSITY OF WASHINGTON  
**INVOICE VOUCHER/  
 RECEIVING REPORT**

Instructions: Please type. Submit this form to claim payment for materials or services.

Requisition Number

Department Name/Phone Number	Box Number	Invoice Date	Invoice Number	STATUS (required)
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**Vendor Control  
Use Only**

U.S. Taxpayer ID Number	1099 Type
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**Privacy Act Notice** IRC Section 6109 requires most recipients of payments for services performed to give taxpayer identification numbers to payers who must report the payments to IRS. IRS uses the numbers for identification purposes. Payers must be given the numbers whether or not recipients are required to file tax returns. Payers must generally withhold taxes from taxable payments to a payee who does not furnish a taxpayer identification to a payer. Certain penalties also apply.

1. Vendor/Claimant-Name	2. Permanent Address
2. Mailing Address	3.
3.	4.
4.	5. City (USA) State ZIP
5. City (USA) State ZIP	5. Country (Foreign)

<b>VENDOR'S CERTIFICATE:</b> I hereby certify that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the University of Washington.  Signature _____ Date _____	<b>Special Instructions For Handling Checks:</b>
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Item	Detail Description	Quan.	Unit	Unit Price	Extended Amount
				<b>TOTAL</b>	

<b>ACCOUNTING DETAIL</b>	<b>LESS W/H</b>	<b>CHECK AMT</b>
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Item	Budget Number	Requisition Number	S/L	OBJ	SUB	SSUB	Discount	Use Tax	Invoice Amount	Invoice/Credit Memo No.	Liq.
				TASK	OPTN	PROJECT				Invoice/Credit Memo Date	

<b>TERMS:</b> <input type="checkbox"/> Net <input type="checkbox"/> 1%-10 <input type="checkbox"/> 1%-20 <input type="checkbox"/> 2%-10 <input type="checkbox"/> 2%-20 Other: _____ \$ Amount: _____ By: _____	<b>TOTAL</b> ▶	<b>TRANSACTION CODE</b> <span style="font-size: 2em; font-weight: bold;">50</span>
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Departmental Approval	Material Received By	Date Material Received
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