CITY OF SPOKANE
INVOICE VOUCHER

DEPARTMENT NAME
Office of Neighborhood Services

VENDOR OR CLAIMANT (Check is to be payable to)

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

Vendor's Certificate: 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 City of Spokane, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY
(SIGN IN INK)
(TITLE)
(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. FOR VENDORS ONLY

RECEIVED BY
DATE RECEIVED

DATE | DESCRIPTION | QUANTITY | UNIT PRICE | AMOUNT
--- | --- | --- | --- | ---

BUDGET CODE: 0550-53700-57200-

PREPARED BY
TELEPHONE NUMBER
DATE
DEPT APPROVAL
DATE