CITY OF SPOKANE

INVOICE VOUCHER

DEPARTMENT USE ONLY		
DEPT NO.	VENDOR NUMBER	VP NUMBER

DEPARTMENT NAME

Office of Neighborhood Services

VENDOR OR CLAIMANT (Check is to be payable to)

Include name and address:

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 _____

(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: 0550-53703-57200			

PREPARED BY	TELEPHONE NUMBER	DATE	DEPT APPROVAL	DATE

(This bottom portion to be filled out by ONS/Accounting)