WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form 19-1A

VOUCHER DISTRIBUTION

DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER	Short Code	Commerce Contract Number
1030		25-63335-135

INSTRUCTION TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise or services.

Show complete detail for each item.

VENDOR OR CLAIMANT (Warrant is to be payable to:)

City of North Bonneville
PO Box 7
North Bonneville, WA 98639

Contact Person:	Richard Hall
Phone:	509-637-6158
Email:	rhall@northbonneville.net
Contract Period:	July 1, 2024 - June 30, 2025
REPORT PERIOD:	July 1, 2024 - June 30, 2025

Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on behalf of the entity identified in the Vendor/Claimant section. The individual signing below certifies 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, 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: Richard Hall
(SIGN IN BLUE INK)

Contract Planning Advisor (TITLE) June 16, 2025 (DATE)

DATE	DESCRIPTION	BUDGET	PREVIOUSLY REQUESTED	AMOUNT THIS INVOICE	AWARD REMAINING BALANCE
05/13/25	**D1:** Critical Areas Checklist	$5,000.00	$0.00	$5,000.00	$0.00
04/22/25	**D2:** SEPA Checklist and Determination	$2,500.00	$0.00	$2,500.00	$0.00
04/22/25	**D3:** Partial Planning Checklist	$2,500.00	$0.00	$2,500.00	$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
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					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
	TOTALS	$10,000.00	$0.00	$10,000.00	$0.00

Match: Year / Dollars / Coding

PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher.)

PRINTED NAME: SIGNATURE: DATE

DOC DATE	CURRENT DOC. NO.	REFERENCE DOC NO.	VENDOR NUMBER and SUFFIX

ACCOUNT NO.	ASD NUMBER	VENDOR MESSAGE

TRANS CODE	MASTER INDEX	SUB OBJ	SUB SUB OBJ	GL ACCT	SUBSID	AMOUNT	INVOICE

SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT — DATE — WARRANT TOTAL

ACCOUNTING APPROVAL FOR PAYMENT — DATE

revised 5/11/11

A19-1a - basic form