



# CDL Physical Exam Invoice Voucher

MINORITY BUSINESSES  
MARK BOX(ES) IF APPROPRIATE

M	%
W	%
E	

Vendor or claimant (Warrant to be payable to)	Vendor No.	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 State of Washington, and that all goods furnished and / or services rendered have been provided without discrimination on the grounds of race, creed, color, natural origin, sex or age.  By (Signature in ink) N/A
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Federal I.D. No. or Social Security No. (For reporting personal svcs. contract payment to IRS) N/A	Title	Date
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**INSTRUCTIONS TO VENDOR OR CLAIMANT: Show complete detail for each item below.**

Date	Description	Quantity	Unit	Unit Price	Amount

I certify that this request is for actual "Out-of-Pocket" costs, after any insurance payment made to me is due & payable to WSDOT:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Agreements	Invoice				
Authorization	Description	Date	Gross Total	Discount	Net Total

**ACCOUNTING CLASSIFICATION**

Job Number	Work OP	Account		Org Number	Control Section Equipment Number Order Number	Federal Non-Participating	Net Amount
		OBJ	SUB OBJ				

**TOTAL →**

Signature of Approving Authority	Date	Receiving Verification (Signature)	Date Received
Checked and Approved for Processing By	Date	Warrant Number	Voucher Number