

AGENCY USE ONLY		
AGENCY NO	LOCATION CODE	P.R. OR AUTH NO.
3000		<i>Contractor Contract number</i>

AGENCY NAME
DSHS/Division of Behavioral Health & Recovery PASRR - Maureen Craig/Sharon Rushing PO Box 45330 <b>Please note this address</b> Olympia, WA 98504-5330
VENDOR OR CLAIMANT (Warrant is to be payable to)
Your Company Name (if applicable) Name Address City, State Zip

**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 and/or services rendered have been provided without discriminations because of age, sex, marital status, race creed, color, national origin, religion, or Vietnam era or disabled veterans status.

Signature of someone in contractor company that has the authority  
 BY *Contractor approval signature*  
(SIGN IN INK)  
**Title** **DATE of signature**  
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.) RECEIVED BY DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
<i>To speed processing, please place only ONE of the following per A19</i>						
<b>MO/YR</b>	PASRR Level 2 Invalidations - see attached (PASSRR) sheet	<b>16</b>		<b>\$15.00</b>	<b>\$ 240.00</b>	
<b>DATE should not span more than ONE month</b>	<b>OR</b> PASRR Level 2 Evaluations (see attached sheet)	<b>10</b>		<b>\$440.00</b>	<b>\$ 4,400.00</b>	
	<b>OR</b> PASRR Level 2 Interrupted Evals \$15/15mins/max \$62	<b>1</b>	15 mins	<b>\$15.50</b>	<b>\$ 15.50</b>	
	<b>OR</b> PASRR Level 2 Follow-up	<b>1</b>		<b>\$405.00</b>	<b>\$ 425.00</b>	
	<b>OR</b> PASRR Level 2 Significant Change	<b>1</b>		<b>\$440.00</b>	<b>\$440.00</b>	
<i>The following can be added to any A19-1A</i>						
	Mileage @ 2015 rate	<b>58 miles</b>		<b>\$0.575</b>	<b>\$ 33.35</b>	
	<b>and</b> Training	<b>1 hr</b>		<b>\$ 60.00</b>	<b>\$ 60.00</b>	
11/15	PASRR Level 2 Invalidations - See attached	10		\$ 15.00	\$ 150.00	
11/15	Mileage @ 2015 Rate Round trip Olympia / Woodland	100		\$ 0.575	\$ 57.50	
<b>Total:</b>					<b>\$ 207.50</b>	

PREPARED BY **OPTIONAL: complete if you have a preparer you would like us to contact for questions** TELEPHONE NUMBER DATE AGENCY APPROVAL DATE

DOC DATE	PMT DUE DATE	CURRENT DOC NO.	FED. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER	DATE								
				<b>State Vendor ID Number always starts with SWV</b>												
REF DOC SUB	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS	COUNTY	CITY/TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	210		001	CA	C1741	NB	<b>Contractor Specific</b>	C760	5148						<i>Auto populate with total</i>	<i>OPTIONAL: Your ID number</i>

ACCOUNTING APPROVAL FOR PAYMENT DATE WARRANT TOTAL *auto populate with total* WARRANT NUMBER

