

FORM A19-1A (REV.5/91)	STATE OF WASHINGTON INVOICE VOUCHER
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AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

AGENCY NAME
Puget Sound Partnership 326 East D Street Tacoma, WA 98421

Invoice #: 7
 Agreement #: 2020-28
 Billing period: 4/1/20-4/30/20

VENDOR OR CLAIMANT (Warrant is to be payable to)
Snohomish County Dept. of Public Works Attn: Accounts Receivable 3000 Rockefeller Ave, MS 607 Everett, WA 98201

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 because of age, sex, marital status. Race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY: Brian Beason, Administrative Operations Manager
 (SIGN IN INK)


 6-2-2020
 (DATE)

Description	RECEIVED BY				DATE REVIEWED
	Budget	Cumulative	Balance	Invoice Amount	FOR AGENCY USE
Task 1 - Organize, support, administer, facilitate and coordinate a LIO	\$ 29,814.00	\$ 19,225.37	\$ 10,588.63	\$ 1,443.95	
Task 2 - Steward and implement the Action Agenda	\$ 27,181.00	\$ 5,722.06	\$ 21,458.94	\$ 521.85	
Task 3 - Performance Management	\$ 2,500.00	\$ 952.69	\$ 1,547.31	\$ 260.89	
Task 4 - Support communication, adaptive management, and synthesis of Ecosystem	\$ 15,505.00	\$ 5,261.17	\$ 10,243.83	\$ 1,412.58	
Total	\$ 75,000.00	\$ 31,161.29	\$ 43,838.71	\$ 3,639.27	

Prepared By Teresa Frolich	Telephone Number 425-388-3115	Date 5/28/2020	Agency Approval	Date
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Document Date	Pmt Due Date	Current Document No.	Ref. Doc No.	Vendor Number SWV0002794-17	Vendor Message	UBI #
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Doc Suf	Trans Code	M O D	Fund	Master Index		Sub Obj	Sub Object	Org Index	WorkClass ALLOC	County Budget Unit	City/Town MOS	PROJECT	Sub Proj	Proj Phas	AMOUNT	Invoice Number
				Appn Index	Program Index											

Accounting Approval for Payment	Date	Warrant Total	Warrant Number
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