WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

WDVA

FORM DVA19-1A

VOUCHER DISTRIBUTION

AGENCY USE ONLY

AGENCY NUMBER	LOCATION CODE	P.R. OR AUTH. NO.
3050	H15	

AGENCY NAME

WASHINGTON DEPARTMENT OF VETERANS AFFAIRS

PO BOX 41150
OLYMPIA, WA 98504-1150

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

INSTRUCTION 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 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, re gi or Vietnam era or disabled veterans st

By:

(SIGN IN INK)

(TITLE) (DATE)

[ ] KING COUNTY PROGRAM [X] DVA PTSD PROGRAM

FED TAX ID #

AGENCY APPROVAL

DATE RECEIVED 1/7/16

Date	Description	Quantity	Unit	Unit Price	Amount	For Agency Use Only
	For Services Rendered under Contract No. *for the month of:* December *2015/16*	July 1, 2015 through June 30, 2016				$40,000.00
	Per attached DVA Forms 047A, 047B & 047C					
	Couples, Family and Individual Client Hours:	44.00	HRS	75.00	$3,300.00	
	Community Service Treatment Hours:	0.00	HRS	85.00	$0.00	
	Group Client Hours:	0.00	HRS	15.00	$0.00	
	Mileage (Optional):		MI	0.575	$0.00	
	Training:		HRS		$0.00	
	Total:					

RECEIVED
JAN 06 2015
BY:

KING COUNTY LEVY PROGRAM
% of funds OIF/OEF/GWOT 100%

DOC INPUT DATE	CURRENT DOC. NO.	REFERENCE DOC NO.	VENDOR NUMBER	SUFFIX
				00

ACCOUNT NO.

VENDOR MESSAGE

TRANS CODE	MOD	FUND	MASTER INDEX APPN INDEX	MASTER INDEX PGM INDEX	SUB OBJ	SUB SUB OBJ	GL ACCT	SUBSIDIARY DR/CR	INVOICE DATE	AMOUNT	INVOICE NUMBER
210		001	B1100		NB	7120				$3,300.00	

PI5-045

SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT

DATE

WARRANT TOTAL 1.6.16 A

WARRANT NO.

ACCOUNTING APPROVAL FOR PAYMENT

DATE

$3,300.00

WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

DVA PTSD PROGRAM

SERVICES REPORT

COUNSELING

CONTRACTED COUNSELING AGENCY

BILLING MONTH: Dec-15

CONTRACT NO.

TYPE OF SERVICE:

1 = INDIVIDUAL 2 = COUPLES 3 = FAMILY

CLIENT NUMBER	TYPE	LOCATION OF SERVICE	DATE	HRS	DATE	HRS	DATE	HRS	DATE	HRS	DATE	HRS	TOTAL HOURS
521	1	Centralia	12-1	1	12-9	1	12-15	1	12-22	1	12-28	1	5
618	1	" "	12-14	1	12-28	1							2
680	1	" "	12-1	1	12-15	1							2
714	1	" "	12-3	1	12-10	1	12-17	1					3
747	1	" "	12-2	1	12-16	1							2
770	1	" "	12-21	1									1
799	1	" "	12-10	1									1
814	1	" "	12-14	1									1
830	1	" "	12-2	1	12-9	1	12-16	1	12-30	1			4
842	1	" "	12-3	1	12-17	1							2
852	1	" "	12-7	1									1
855	1	" "	12-10	1									1
858	1	" "	12-9	1	12-23	1							2
862	1	" "	12-7	1									1
863	1	" "	12-7	1	12-21	1							2
875	1	" "	12-22	1									1
878	1	" "	12-3	1	12-17	1							2
879	1	" "	12-10	1									1
894	1	" "	12-8	1	12-22	1							2
895	1	" "	12-7	1									1
905	1	" "	12-2	1	12-16	1							2
908	1	" "	12-4	1									1
909	1	" "	12-14	1	12-28	1							2
910	1	" "	12-1	1	12-15	1							2
911	1	" "	12-2	1	12-16	1							2
914	1	" "	12-14	1									1
915	1	" "	12-22	1									1
916	1	" "	12-1	1	12-15	1							2
917	1	" "	12-21	1									1
918	1	" "	12-3	1	12-17	1							2
919	1	" "	12-9	1	12-23	1							2
				31		18		3		2		1	= 55

BILLED HOURS		RATE		TOTAL DOLLARS	UNBILLED HOURS
	X	75	= $	0	
	X		= $	0	

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CLIENT NUMBER	TYPE	LOCATION OF SERVICE	DATE	HRS	DATE	HRS	DATE	HRS	DATE	HRS	DATE	HRS	TOTAL HOURS
920	1	Centralia	12-14	1	12-28	1							2
921	1	" "	12-15	1									1
922	1	" "	12-17	1									1
													0
													0
													0