

FORM
A19-1A
(REV. 2021)

STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY	
AGENCY	CONTRACT
Molina	K4610

AGENCY NAME

Molina Healthcare of Washington, Inc.
21540 30th Dr SE
Bothell, WA 98021

Vendor's Certificate. I hereby certify under penalty of perjury that all travel documentation reflected herein is in accordance with a travel policy that parallels state or federal policy, which sets standards and monitors for appropriate use of travel funds. I hereby certify 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.

VENDOR OR CLAIMANT
(Warrant is to be payable to)

Insert Provider Name, Agency TIN, and Address

Name (type in above)

TITLE

DATE

Enter Servicing Provider NPI

RECEIVED BY

DATE RECEIVED

Mileage Reimbursement - Washington Integrated Managed Care Wrap Around Contract - Pooled Travel Funds (1/1/2022 - 6/30/2022)
(Current mileage reimbursement rates can be found at <https://ofm.wa.gov/accounting/administrative-accounting-resources/travel>)

SERVICE DATE	CLIENT PROVIDER ONE NUMBER	FROM	TO	MILES (POINT TO POINT)	MILEAGE RATE	REIMBURSEMENT AMOUNT	FOR AGENCY USE
Enter Service date of the Diagnostic Assessment					0.56	-	
					0.56	-	
					0.56	-	
					0.56	-	
					0.56	-	
					0.56	-	
					0.56	-	
					0.56	-	
					0.56	-	

INVOICE NUMBER (If Applicable): _____ **TOTAL PAYMENT:** -

PREPARED BY _____ TELEPHONE NUMBER _____ DATE _____ AGENCY APPROVAL
Molina Healthcare of Washington; submit all invoices to mailbox:
WA_Finance_IMC@MolinaHealthcare.com

DOC. DATE _____ PMT DUE DATE _____ CURRENT DOC NUMBER **BH** REF DOC NUMBER _____ VENDOR NUMBER **SWV0020823-00** VENDOR MESSAGE _____

REF DOC SUF	TRAN CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	ALLOC	MOS	PROJECT	SUB PROJ	PROJ PHAS	AGREEMENT ID	AMOUNT	INVOICE NUMBER
														K4610	-	

ACCOUNTING APPROVAL FOR PAYMENT _____ DATE _____ WARRANT TOTAL - WARRANT NO. _____