

**SAMPLE**

Pictured below is a sample Voucher pad. The pads are printed on NCR (carbonless) paper. If you are interested in placing an order, please contact the WFCAs office by phone at 1-800-491-9322, email us at [wfca@wfca.wa.gov](mailto:wfca@wfca.wa.gov), or fax at 360-664-0415.

VOUCHER NO. _____	DATE _____															
WARRANT NO. _____																
FUND _____																
<b>_____ COUNTY FIRE PROTECTION DISTRICT NO. _____</b>																
_____, Washington																
Mailing Address _____																
TO _____																
ADDRESS _____																
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">DATE</th><th style="width: 60%;">ITEM OR INVOICE NUMBER</th><th style="width: 20%;">AMOUNT</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		DATE	ITEM OR INVOICE NUMBER	AMOUNT												
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<b>CERTIFICATION</b>	<b>CERTIFICATION</b>															
I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.	I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against County Fire Protection District No. _____, and that I am authorized to authenticate and certify to said claim.															
Signed _____	Signed _____ (title)															
Title _____	By _____															
The above invoice approved for payment at a regular meeting of the commissioners of _____																
_____ County Fire Protection	_____ Commissioner															
District No. _____ on _____ DATE _____	_____ Commissioner															
_____ Secretary	_____ Commissioner															