**Family Reunification Celebration – Small Grants**

A small amount of funding is available through the federal Court Improvement Program grant funds managed by the Administrative Office of the Courts to support Family Reunification Celebrations in Washington State. County Courts or other agencies supporting Family Reunification Celebrations may be reimbursed up to $100 for expenses such as refreshments, balloons, certificates, etc.

**Please note: the AOC CANNOT reimburse for gift cards.**

**Instructions**

**PRIOR TO THE EVENT:**

Send an email to susan.goulet@courts.wa.gov that includes the following information:

(Agency Name) agrees to use the funding amount of up to $100 for the purpose of providing refreshments or other type of support for the Family Reunification Celebration to be held on (Date) at (Location or type of virtual event).

*If the agency requesting reimbursement is not a county court, a Vendor I.D. is required. Here is a link to the vendor number lookup:* [*https://des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state/statewide-vendor-number-lookup*](https://des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state/statewide-vendor-number-lookup) *If your agency does not have a vendor number, you will need to fill out a Statewide Payee Registration form.*

**AFTER THE EVENT:**

* Complete and Sign the attached A-19 form
* Scan copies of the Signed A-19 form and receipts for items purchased
* Email the following to susan.goulet@courts.wa.gov:
	+ Scanned copy of Signed A-19 form,
	+ Scanned copy of receipts for items purchased, and
	+ A copy of the email you sent to susan.goulet@courts.wa.gov prior to the event.

**Questions????**

Contact Susan Goulet

susan.goulet@courts.wa.gov

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| FORMA 19-1A(Rev. 5/91) |  | STATE OF WASHINGTONINVOICE VOUCHER |  | AGENCY USE ONLY |
| **AGENCY NO.** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
| 0550 |  |  |
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| AGENCY NAME |  |  |
| Administrative Office of the Courts |  | *INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.* |
| **VENDOR OR CLAIMANT (Warrant is to be payable to)** |  | 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. |
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| BY |  |
|  (SIGN IN INK) |  |
|  (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**PRICE** | **AMOUNT** | **FOR AGENCY****USE** |
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| PREPARED BY | TELEPHONE NUMBER  | DATE | AGENCY APPROVAL | DATE |
| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF DOC. | VENDOR NUMBER | VENDOR MESSAGE | UBI NUMBER |
| REFDOCSUF | TRANSCODE | MOD | FUND | MASTER INDEX | SUBOBJ | SUBSUBOBJECT | ORGINDEX | WORKCLASS | COUNTY | CITY/TOWN | PROJECT | SUBPROJ | PROJPHAS | AMOUNT | INVOICE NUMBER |
| APPN INDEX | PROGRAMINDEX | ALLOC | BUDGETUNIT | MOS |
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|  ACCOUNTING APPROVAL FOR PAYMENT |  DATE |  WARRANT TOTAL |  WARRANT NUMBER |