STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)

DOCUMENT			BATCH			ACTG PER	FY
TC	AGY	NUMBER	TC	AGY	NUMBER		

PO#	PV DATE	PP START MO	PP START DY	PP START YR	SCHED PAY MO	SCHED PAY DY	SCHED PAY YR	CHK CAT	OFF LIAB	F A	RF TY	CK FL	(A) VENDOR (PAYEE) ID NUMBER
													V

CONTRACT NO.	AGENCY REF	BUYER	(B) TERMS	(C) TOTAL AMOUNT

(D) PAYEE NAME AND ADDRESS

(D) SEND COMPLETED FORM TO:

NJ Dept of Health and Senior Services
Infectious and Zoonotic Dis Prog
PO Box 369
Trenton, NJ 08625-0369

(F) PAYEE DECLARATIONS

I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.

→→→→ ______________________________
PAYEE SIGNATURE

______________________ PAYEE TITLE

______________ BILLING DATE

REERENCE			LINE	(G) PAYEE REFERENCE
CD	AGY	NUMBER		
				SURGERIES MONTH OF

FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJ/JOB NO

RPT CT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX

PAYMENT VOUCHER (INVOICE) TO BE SUBMITTED 10 DAYS FROM THE END OF THE MONTH OF SURGERY.

DESCRIPTION OF ITEM				**UNIT PRICE**	**AMOUNT**
COMMODITY CODE: 79445					
[ ] PUBLIC ASSISTANCE	**[ ] SHELTER ADOPTION**				
Number of Female Dogs	0-25 lbs.	________	@	________	________
	26-50 lbs.	________	@	________	________
	51-75 lbs.	________	@	________	________
	Over 75 lbs.	________	@	________	________
Number of Female Cats of Any Weight		________	@	________	________
Number of Male Dogs	0-25 lbs.	________	@	________	________
	26-50 lbs.	________	@	________	________
	51-75 lbs.	________	@	________	________
	Over 75 lbs.	________	@	________	________
Number of Male Cats of Any Weight		________	@	________	________
	Sub-Total				________
					X 80%
	Reimbursement for Surgeries				________
Number of Pets Vaccinated		________	@	$10.00	________
				TOTAL	

CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.

. . . .
Signature

. . . . Title . . . . Date

CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.

. . . .
Authorized Signature

. . . . Title . . . . Date

APC-7 MAY 07

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