



**STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)**

DOCUMENT			BATCH			ACTG PER	FY			
TC	AGY	NUMBER	TC	AGY	NUMBER					
PP START		SCHED PAY			CHK CAT	OFF LIAB	F A	RF TY	CK FL	(A) VENDOR (PAYEE) ID NUMBER
MO	DY	YR	MO	DY						

PO# _____

PV DATE _____

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

(D) PAYEE NAME AND ADDRESS

(E) SEND COMPLETED FORM TO:

(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

Line No.	REFERENCE			LINE	(G) PAYEE REFERENCE
	CD	AGY	NUMBER		
1					
2					
3					

	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY	OBJECT CD	SUB-OBJ	REV SRCE	SUB-	PROJ/JOB NO
1											
2											
3											

	RPT CT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX
1									
2									
3									

ITEM NO.	DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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