



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

DOCUMENT

BATCH

ACT
G
PER.

FY

—TC— —AGY— —NUMBER— —TC— —AGY— —NUMBER—
U1

PP START SCHED PAY CHK OFF F RF CK (A) VENDOR
CAT LIAB A TY FL ID NUMBER

MO DY YR MO DY YR

PV DATE

PO #

CONTRACT NO

AGENCY REF

BUYER

(B) TERMS

PAYEE:

SEE INSTRUCTIONS FOR
COMPLETING ITEMS
(A) THROUGH (G)

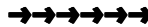
(C) TOTAL AMOUNT

\$

(D) PAYEE NAME AND ADDRESS:

(E) SEND COMPLETED FORM TO:
**State of New Jersey
Division of Alcoholic Beverage Control
PO Box 087
Trenton, NJ 08625**

(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							(G) PAYEE REFERENCE					
	— CD —	— AGY —	— NUMBER —				— LINE —						
1													
2													
3													
	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO		
1	100	066	1400		014								
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
	Enforcing the Underage Drinking Laws Program Subaward: Federal Grant #: _____ U.S. Department of Justice Office of Justice Programs				\$

TOTAL \$

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

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Signature

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Title Date

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

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Authorized Signature

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Fiscal Officer

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Title Date