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STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)

DOCUMENT			BATCH			ACTG PER.	FY
TC	AGY	NUMBER	TC	AGY	NUMBER		

PO #	PV DATE

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

CONTRACT NO	AGENCY REF	BUYER	(B) TERMS	PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)	(C) TOTAL AMOUNT
					$0.00

(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 CD	AGY	NUMBER	LINE	(G) PAYEE REFERENCE
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											
2											
3											

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

ITEM NO.	COMMODITY CODE / DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1.					$0.00
2.					$0.00
3.					$0.00
				TOTAL	$0.00

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

Authorized 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