



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

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

PO # PV DATE

| 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: |
|-----------------------------|-----------------------------|

(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 | | | | | | | | | | |
| 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 |
|----------|--------------------------------------|----------|------|------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL

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