Clear Form

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 ID NUMBER	
MO	DY	YR	MO	DY	YR							
												40

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

Cash Accounting
PO Box 224
Trenton, New Jersey 08625

(E) SEND COMPLETED FORM TO:

Mail Code 401-03D
NJ Department of Environmental Protection
Municipal Finance and Construction Element
401 East State Street, 3rd Floor
PO Box 420
Trenton, New Jersey 08625-0420

(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.

SIGN HERE

PAYEE SIGNATURE

PAYEE TITLE

BILLING DATE

LINE NO	REFERENCE CD	AGY	NUMBER	LINE	(G) PAYEE REFERENCE
1					Requisition # Project #
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
	New Jersey Environmental Infrastructure Fund				
				TOTAL	

Click to Sign For

Signature

Assistant Director, MFCE

Title

Date

Authorized Signature

Title

Date

PV 6/93