									DOCUMENT					BATCH						ACTG	FY			
				STATE OF NEW JERSEY						TC	AGY	'	NUM	BER		TC AGY			NUMBER				PER	Fĭ
		*		PAYMENT VOUCHER																				
				(VENDOR INVOICE)				≣)			P STA	DT	60	HED F				000				(
		<i>š</i> /	PO#)#			PV DA		-	MO	DY	YR	MO		YR			OFF _IAB		RF TY	CK FL		ENDOR (ID NUMB	
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CO	NTRAC	ΓNO.		A	GENCY F	REF	E	BUYER				(E	B) TERI	MS							(C) T	OTAL	AMOUN	Γ
(D) PAYEE NAME AND ADDRESS (D) SEND COMPLETE											TED F	OR	MTC	:										
NJ Department of H												fΗ	ealth	1										
	Infectious and Zo										oon													
PO Box 369																								
Trenton, NJ 08625-0369																								
(F) PAY	YEE DEC	CLARA		١S																				
	IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR PAYEE SIGNATURE																							
SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF																								
-	D DOCU	-		- OIVE		-0211		10000		•				P	AYEE	= TI	TIF				-	BII	LING DAT	F
																						DIE		-
				REERE	RENCE						(G) PAYEE REFERENCE													
	CD	AG	Y		NUN	/BER		-		(G) FATLE REFERENCE														
			SURGERIES MONTH OF																					
			CY ORG CODE SUB-ORG APPR UNIT ACTIVITY CD OBJECT CD SUB-C																					
	FUND	AGC	CY	ORG	CODE	SUE	-ORG	APPR	UNIT	ACT	IVITY		BJECT	CDS	SUB-C	OBJ	RE	V SF	RCE	SU	B-RE	V PI	ROJ/JOB	NO
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	DESCRIPTION OF ITEM										UNIT PRICE						AMOUNT							
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			[]	PUBLIC	CAS	SISTA	NCE	[] SHE	LTE	r ado	OPTIC	ON									
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	DAYS		v							0-25 lbs@										-				
	ND OF	-									6-50 lbs @									-			<u> </u>	
	THE		51-75 lbs Over 75 lbs																					
	NTH O																							
		·	Number of Male Cats of Any Weight @												@						_			
		-	Sub-Total													_								
																			X 80%					, <u> </u>
										Reiml	burse	ment	for Su	urgeri	es									
			Number of Pets Vaccinated									@ \$10.00												
										1			-											

CERTIFICATION BY RECEIVING AGENCY: I certify that	t the above articles	CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment								
have been received or services rendered as stated hereir		Voucher is correct and just, and payment is approved.								
Signature		Authorized Signature	9							
Title	Date	Title	Date							
Thuộ	Date	inte	Dale							

TOTAL

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