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 (PAYEE) ID NUMBER
		MO	DY	YR	MO	DY	YR						

CONTRACT NO.	AGENCY REF	BUYER	(B) TERMS	(C) TOTAL AMOUNT

(D) PAYEE NAME AND ADDRESS

Name

Address Line 1

Address Line 2

City   State   Zip

(E) SEND COMPLETED FORM TO:

New Jersey Department of Health
Office of Emergency Medical Services
PO Box 360
Trenton, NJ 08625-0360

(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			LINE	(G) PAYEE REFERENCE
	CD	AGY	NUMBER		
1	**RA**	**046**	**4220**	**01**	**NJ Course Approval Number**
2					
3					

	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY	OBJECT CD	SUB-OBJ	REV SRCE	SUB-	PROJ/JOB NO
1	**783**	**046**	**4L06**		**001**	**J002**	**3890**				
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
1	**To reimburse the agency from the EMT Training Fund for the eligible volunteer student in initial or Continuing Education Courses** **NJ Course Approval #** (Number of Students x number of credits = QUANTITY)				
				TOTAL	

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

....
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*