

**SIGNATURE PAGE  
ACKNOWLEDGING RECEIPT OF  
GRANT AGREEMENT FOR SPECIAL HEALTH PROJECTS  
BETWEEN THE  
STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH**

**PUBLIC HEALTH AND FOOD PROTECTION PROGRAM  
TANNING FACILITIES REGISTRATION AND INSPECTION PROJECT  
AND  
PARTICIPATING LOCAL HEALTH DEPARTMENTS**

**GRANT No.:**

**Date:**

The New Jersey Department of Health, Public Health and Food Protection Program, Tanning Facilities Registration and Inspection Project will:


Reimburse the Local Health Department \$200.00 for each registered tanning facility inspected in their jurisdiction with up to 10 sunlamp products and \$10.00 for each additional sunlamp product at the facility. The Grant Period covered is from  
to .

Name of Local Health Department (Vendor)		Vendor ID No./Federal Tax ID No.	
Remittance Address of Local Health Department			
Street			
City	State	Zip	
Name of Contact Person for Local Health Department			
Telephone Number of Contact Person		Email Address of Contact Person	

\_\_\_\_\_  
*(Print Name of Health Officer/Authorized Official)*

\_\_\_\_\_  
*(Signature of Health Officer/Authorized Official)*

Sign and return to: New Jersey Department of Health  
Public Health and Food Protection Program  
P.O. Box 369  
Trenton, NJ 08625-0369

	STATE OF NEW JERSEY <b>PAYMENT VOUCHER</b> (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	(E) SEND COMPLETED FORM TO:
Street	
City State Zip	

(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					
2					
3					

	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY	OBJECT CD	SUB-OBJ	REV SRCE	SUB-	PROJ/JOB NO
1											
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
	<b>Period Covered by this Voucher:</b> <b>From: _____ to _____</b>  <b>Reimbursement for Inspection of the following Tanning Facilities:</b>				
<b>TOTAL</b>					

CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.  <p style="text-align: center;">Signature</p> <p>First Name M Last Name</p> <p style="text-align: center;">Title Date</p>	CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.  <p style="text-align: center;">Authorized Signature</p> <p>First Name M Last Name</p> <p style="text-align: center;">Title Date</p>
--	---