STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)

DOCUMENT

TC AGY NUMBER

BATCH

ACTG

PER

FY 18

PP START SCHED PAY CHK OFF CAT RF OK ID NUMBER

PV DATE MO DY YR MO DY YR

TC AGY NUMBER

CONTRACT NO.

AGENCY REF

BUYER

(B) TERMS

(C) TOTAL AMOUNT

(D) PAYEE NAME AND ADDRESS

(E) SEND COMPLETED FORM TO:

New Jersey Department of Health
Public Health and Food Protection Program
PO Box 369
Trenton, NJ 08625-0369

(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

CD AGY NUMBER

LINE

(G) PAYEE REFERENCE

Tanning Facility Inspections

FUND AGCY ORG CODE SUB-ORG APPR UNIT ACTIVITY OBJECT CD SUB-OBJ REV SRCE SUB-

PROJ/JOB NO

RPT CT BS ACT DT DESCRIPTION QUANTITY AMOUNT ID PF TX

ITEM NO.

DESCRIPTION OF ITEM

DATE OF INSPECTION QUANTITY UNIT UNIT PRICE AMOUNT

Period Covered by this Voucher:
From: ________to________
Reimbursement for Inspection of the following Tanning Facilities:

Attach a separate list, if necessary.

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