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| njseal | 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 (PAYEE)  ID NUMBER | | | |
| PO# | | PV DATE | | | MO | | DY | | | YR | | MO | DY | YR | |
|  | | |  | |  | | |  | |  |  |  | |  | |  | | |  |  | |  |  | | | |
| CONTRACT NO. | | AGENCY REF | | BUYER | (B) TERMS | | | | | | | | | | | | | | | | (C) TOTAL AMOUNT | | | | | | | | |
|  | |  | |  |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| (D) PAYEE NAME AND ADDRESS | | | | | | | | | (D) SEND COMPLETED FORM TO:  **Department of Human Services**  **Division of Mental Health & Addiction Services**  **PO Box 362**  **Trenton, NJ 08625-0362** | | | | | | | | | | | | | | | | | | | | |
| (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 | | | | | | | | | | | | | | | | | | |
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|  | | | PAYEE TITLE BILLING DATE | | | | | | | | | | | | | | | | | | | |

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| Line  No. | REFERENCE | | | LINE | (G) PAYEE REFERENCE |
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| **1** |  |  |  |  |  |
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|  | FUND | AGCY | ORG CODE | SUB-ORG | APPR UNIT | ACTIVITY CD | OBJECT CD | SUB-OBJ | REV SRCE | SUB-REV | PROJ/JOB NO |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
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|  | RPT CT | BS ACT | DT | DESCRIPTION | QUANTITY | AMOUNT | ID | PF | TX |
| **1** |  |  |  |  |  |  |  |  |  |
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| item No. | description OF ITEM | qUANTITY | UNIT | unit price | amount |
|  |  |  |  |  |  |
|  | | | | **TOTAL** |  |

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| 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 |

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