



**STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)**

DOCUMENT

BATCH

ACT
G
PER.

FY

—TC— —AGY— —NUMBER— —TC— —AGY— —NUMBER—
U1

PP START SCHED PAY CHK OFF F RF CK (A) VENDOR
CAT LIAB A TY FL ID NUMBER

MO DY YR MO DY YR

PV DATE

PO #

CONTRACT NO AGENCY REF BUYER (B) TERMS

PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)

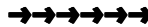
(C) TOTAL AMOUNT

\$

(D) PAYEE NAME AND ADDRESS:

(E) SEND COMPLETED FORM TO:
**State of New Jersey
Division of Alcoholic Beverage Control
PO Box 087
Trenton, NJ 08625**

(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 | | | | | | | (G) PAYEE REFERENCE | | | | | |
|---------|-----------|--------|----------|-------------|-----------|-------------|-----------|---------------------|----------|---------|----------------|----|----|
| | CD | AGY | NUMBER | | | LINE | | | | | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| | FUND | AGCY | ORG CODE | SUB-ORG | APPR UNIT | ACTIVITY CD | OBJECT CD | SUB-OBJ | REV SRCE | SUB-REV | PROJECT/JOB NO | | |
| 1 | 100 | 066 | 1400 | | 014 | | | | | | | | |
| 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 |
|----------|--|----------|------|------------|--------|
| | Enforcing the Underage Drinking Laws Program Subaward: Federal Grant #: _____ U.S. Department of Justice Office of Justice Programs | | | | \$ |

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 _____

Fiscal Officer _____

Title _____ Date _____