

	STATE OF NEW JERSEY <b>PAYMENT VOUCHER</b> (VENDOR INVOICE)		DOCUMENT						BATCH						ACTG PER.	FY			
			TC	AGY	NUMBER				TC	AGY	NUMBER								
			U1	042															
			PP START			SCHED PAY			CHK CAT	OFF LIAB	F A	RF TY	CK FL	(A) VENDOR ID NUMBER					
PO #		PV DATE		MO	DY	YR	MO	DY	YR										
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:									
										ECA – Spill Fund Mail Code: 401-06J PO Box 420 Trenton, NJ 08625-0420 Attn: Spill Fund Payment Unit									
(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						Claim No.													
2						Invoice No.													
3						Ref No.													
	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO								
1	709	042	4815		003	VA38	3620				30790000								
2																			
3																			
	RPT CT	BS ACT	DT	DESCRIPTION			QUANTITY		AMOUNT			ID	PF	TX					
1																			
2																			
3																			
ITEM	COMMODITY CODE/DESCRIPTION OF ITEM				QUANTITY	UNIT	UNIT PRICE				AMOUNT								
												TOTAL							
CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.										CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.									
Signature										Signature									
Title Date										Title Date									