



State of New Jersey Payment Voucher (Vendor Invoice)

PO #

DOCUMENT NUMBER				BATCH				A.	P.	FY
TC	AGY	Number			TC	AGY	Number			
	042					042				
PP Start Date			Sched Pay Date			Chk Cat		(A) Vendor I.D. No.		

Contract No.	Agency Ref.	Buyer	(B) Terms					Total Amount
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(D) Payee Name & Address					(E) Send Completed Form To:				
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(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

Reference Number							(G) Payee Reference					
CD	Agcy	Number			Line							
Fund	Agcy	Org Code	Sub Org	Low Level	Appr	Activity	Object	Rev Srce	Sub-Rev	Job Number		
Rpt Ct	BS Act	Dt	Description			Quantity	Amount			Id	Pf	Tx

Item No.	Description of item(s)	Quantity	Unit	Unit Price	Amount

				Total Amount	
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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