



NJ Department of Military Affairs (DMA) **Invoicing and Payments Standard Operating** **Procedure (SOP)**

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Purpose

The purpose of this SOP is to provide instruction and examples of the invoicing/payment requirements for A/E's and Contractors working with the NJDMA. There are two files attached to this SOP in the attachments pane. Please ensure you are opening in adobe acrobat (not web browser) to be able to download the attachments. The attachments are:

1. AE Payment Package – contains the fillable state fillable payment voucher form and fillable breakdown page. A/E just needs to add in their invoice to this file.
2. Contractor payment package – contains fillable state payment voucher form. G702 and G703 files are not included. They must be attached to this form.

All vendors working with NJDMA are encouraged to sign up for direct deposit. To setup direct deposit, please call 609-341-3500.

AE Payment Voucher Forms

The following forms will be required for A/E application for payment. Package will come in together as a single PDF file to include the below:

1. State Fillable Payment Voucher – see directions/example below. MUST be digitally signed to retain ability for state fiscal department to take payment and fill in their required portions.
2. Fillable Payment Breakdown Page – example included below
3. Invoice – A/E to provide invoice on company letterhead. Invoice must make clear the distinction between billing against base contract and approved change orders, and should generally show a breakdown of the contract/payments (contract amount, %complete, billed to date, previously billed, current amount, amount remaining, etc).

STATE PAYMENT VOUCHER DIRECTIONS

- All highlighted fields need to be completed.
- Payee Signature must be printed and signed with a pen.

	STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)		DOCUMENT				BATCH				ACTG PER	FY
			TC	AGV	NUMBER		TC	AGV	NUMBER			
PO#	PV DATE		PP START	SCHED PAY	CHK	OFF	F	RF	CK	(A) VENDOR ID NUMBER		
			MO	DY	YR	MO	DY	YR	CAT	LIAB	A	FL
(B) CONTRACT NO.	AGENCY REF	BUYER	TERMS		PAYEE: COMPLETE ITEMS (A) THROUGH (G)				(C) TOTAL AMOUNT			
(D) PAYEE NAME AND ADDRESS					(E) SEND COMPLETED FORM TO:							
(F) PAYEE DECLARATIONS CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS THAT THE DESCRIBED GOOD OR SERVICE HAVE BEEN FURNISHED OR RENDERED AN THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.					SIGNATURE _____ PAYEE SIGNATURE							
					PAYEE TITLE				BILLING DATE			

The Below Fields Must Be Completed on this portion of the State Payment Voucher:

- (A) Vendor ID # & NJSTART#
- (B) Contract No – Project Number
- (C) Total Amount –
- (D) Payee Name and Address –
- (F) Payee Declarations
 - Payee Signature – Pen Signature Requested
 - Payee Title – Title of Person Signing
 - Billing Date – format MM/DD/YYYY

ITEM NO	(G) COMMODITY CODE / DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
TOTAL \$					

(G) Description of Item – Specify by multiple line items if needed which portion of the contract you are billing against. If you are billing for \$1,000.00 against base contract, \$450.00 against change order 1, and \$300.00 against change order 2 – specify each on 3 separate lines. Change orders should be displayed as “CO# - brief description of change order”. Example shown on the next page

1. Quantity (may be blank)
2. Unit (may be blank)
3. Unit Price (may be blank)
4. Amount (itemize each description of item with amount)
5. Total Amount

EXAMPLE OF COMPLETED VOUCHER AND BREAKDOWN PAGE

	STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)		DOCUMENT				BATCH				ACTG PER.	FY	
			TO	AGY	NUMBER		TO	AGY	NUMBER				
	PO#		PV DATE		PP START	SCHED PAY	CHK	OFF	F	RF	CK	(A) VENDOR ID NUMBER	
		MO	DY	YR	MO	DY	YR	CAT	LIAB	A	TY	FL	133456789 NUSTART#
(B) CONTRACT NO.	AGENCY REF	BUYER	TERMS			PAYEE: COMPLETE ITEMS (A) THROUGH (G)				(C) TOTAL AMOUNT			
LV000										\$1,750.00			
(D) PAYEE NAME AND ADDRESS						(E) SEND COMPLETED FORM TO:							
Architect ABCT 123 Main Drive Lawrenceville, NJ 08648						New Jersey Department of Military Affairs 101 Eggerts Crossing Rd Lawrenceville, NJ 08648 Att: CFMO-BMB							
(F) PAYEE DECLARATIONS						Robert Beck <small>Digitally signed by Robert Beck Date: 2026.02.12 10:11:40 -05'00'</small>							
CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS THAT THE DESCRIBED GOOD OR SERVICE HAVE BEEN FURNISHED OR RENDERED AN THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.					 PAYEE SIGNATURE							
						Title		2/12/26					
						PAYEE TITLE		BILLING DATE					
REFERENCE				PAYEE REFERENCE									
DC	AGY	NUMBER		LINE									
FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT NO			
RPT	BS ACT	DT	DESCRIPTION			QUANTITY	AMOUNT			ID	PF	TX	
ITEM NO	(G) COMMODITY CODE / DESCRIPTION OF ITEM					QUANTITY	UNIT	UNIT PRICE	AMOUNT				
	Latrine renovation design base contract								\$1,000.00				
	CO1 - additional HAZMAT testing								\$450.00				
	CO2 - additional design work								\$300.00				
TOTAL									\$ \$1,750.00				
CERTIFICATION BY RECEIVING AGENCY: I certify that the above article have been received or services rendered as stated herein.						CERTIFICATION BY RECEIVING AGENCY: I certify that this Payment Voucher is correct and just, and payments is approved.							
..... Signature					 Authorized Signature							
Title			Date			Title			Date				

FILLABLE PAYMENT BREAKDOWN PAGE

**INSTALLATIONS DIVISION
CONTRACT PAYMENT BREAKDOWN**

A/E COMPLETION

Project Number: **LV000**

Payment Number: **2**

1	Original Contract Sum	\$ 25,000.00
2	Net Change By Change Orders	\$ 750.00
3	Contract Sum To Date (Line 1 + 2)	\$ 25,750.00
4	Total Completed And Earned To Date	\$ 5,750.00
5	Less Previous Certificates For Payment (Line 4 From Prior Payment)	\$ 4,000.00
6	Current Payment Due (Line 4 Less Line 5)	\$ 1,750.00
7	Balance To Finish (Line 3 Less Line 4)	\$ 20,000.00

Contractor Payment Voucher Forms

The following forms will be required for contractor application for payment. **Package will come in together as a single PDF file to include the below:**

1. State Fillable Payment Voucher – see directions/example below. **MUST be digitally signed to retain ability for state fiscal department to take payment and fill in their required portions.**
2. G702 – filled out in its entirety. Owner must be New Jersey Department of Military Affairs. Notarized by contractor. Certified by architect.
3. G703 – Filled out in its entirety.

STATE PAYMENT VOUCHER DIRECTIONS

- All highlighted fields need to be completed.
- Payee Signature must be printed and signed with a pen.

	STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)		DOCUMENT			BATCH			ACT G PER.	FY
			—TC—	—AGY—	NUMBER—	—TC—	—AGY—	NUMBER—		
	PV DATE		PP START	SCHED PAY	CHK CAT	OFF LIAB	F A	RF TY	CK FL	(A) VENDOR ID#
	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: New Jersey Department of Military Affairs 101 Eggerts Crossing Rd Attn: CFMO-BMB Lawrenceville, NJ 08648						
(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						

The Below Fields Must Be Completed on this portion of the State Payment Voucher:

- (A) Vendor ID # & NJSTART#
- (B) Contract No – Project Number
- (C) Total Amount –
- (D) Payee Name and Address –
- (F) Payee Declarations
 - Payee Signature – Pen Signature Requested
 - Payee Title – Title of Person Signing
 - Billing Date – format MM/DD/YYYY

ITEM NO.	DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
					\$
TOTAL					\$

(G) Description of Item – Specify by multiple line items if needed which portion of the contract you are billing against. If you are billing for \$1,000.00 against base contract, \$450.00 against change order 1, and \$300.00 against change order 2 – specify each on 3 separate lines. Change orders should be displayed as “CO# - brief description of change order”. Example shown on the next page

1. Quantity (may be blank)
2. Unit (may be blank)
3. Unit Price (may be blank)
4. Amount (itemize each description of item with amount)
5. Total Amount

EXAMPLE OF COMPLETED VOUCHER AND BREAKDOWN PAGE

	STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)		DOCUMENT				BATCH				ACTG PER.	FY					
	PO#	PV DATE	TC	AGV	NUMBER	TC	AGV	NUMBER	PP START	SCHED PAY	CHK	OFF	F	RF	CK	FL	(A) VENDOR ID NUMBER
									MO	DY	YR	CAT	LIAB	A	TY		123456789 NUSART#
(B) CONTRACT NO.	AGENCY REF	BUYER	TERMS			PAYEE: COMPLETE ITEMS (A) THROUGH (G)				(C) TOTAL AMOUNT							
LV999										\$313,500.00							
(D) PAYEE NAME AND ADDRESS						(E) SEND COMPLETED FORM TO:											
ABC Construction 100 Smith Lane Rockaway, NJ 07866						New Jersey Department of Military Affairs 101 Eggerts Crossing Rd Lawrenceville, NJ 08648 Att: CFMO-BMB											
(F) PAYEE DECLARATIONS						Robert Beck						Digitally signed by Robert Beck Date: 2026.02.12 10:11:40 -05'00'					
CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS THAT THE DESCRIBED GOOD OR SERVICE HAVE BEEN FURNISHED OR RENDERED AN THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.						PAYEE SIGNATURE											
						Title						2/12/16					
						PAYEE TITLE						BILLING DATE					
REFERENCE				PAYEE REFERENCE													
DC	AGY	NUMBER	LINE														
FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT NO							
RPT	BSACT	DT	DESCRIPTION			QUANTITY	AMOUNT			ID	PF	TX					
ITEM NO	(G) COMMODITY CODE / DESCRIPTION OF ITEM					QUANTITY	UNIT	UNIT PRICE	AMOUNT								
	Boiler replacement base contract								\$300,000.00								
	CO1 - additional shut off valve								\$1,000.00								
	CO2 - boiler room finishes								\$12,500.00								
TOTAL									\$ 313,500.00								
CERTIFICATION BY RECEIVING AGENCY: I certify that the above article have been received or services rendered as stated herein.						CERTIFICATION BY RECEIVING AGENCY: I certify that this Payment Voucher is correct and just, and payments is approved.											
Signature						Authorized Signature											
Title						Title											
Date						Date											

Billing for Stored Material

1. Contractors may invoice for equipment stored off-site in accordance with the standard operating procedure below.
 - a. The preferred method remains to invoice for installed and approved and equipment.
 - b. The Government recognizes that purchase of material and equipment and subsequent storage may impose an undue financial burden on small businesses.
 - c. The following procedures must be following in detail to avoid delay in invoice processing.
2. **Secure Facility Requirement:** Materials stored off-site must be housed in a secure facility that meets minimum security standards (e.g., restricted access, surveillance, and controlled entry) and carries insurance coverage sufficient to protect against theft, fire, flood, and damage at full replacement value.
3. **Prohibited Storage Locations:** The Contractor may not invoice for materials stored at:
 - a. A manufacturer's site
 - b. While in transit
 - c. Any third-party facility not under the Contractor's direct control
4. **Contractor Invoice Inspection:** Prior to submission, the Contractor shall inspect and approve the invoice in full. An inspection log must be maintained and signed by authorized Contractor personnel.
5. **Documentation – Bill of Lading/Manifest:** The Contractor shall provide the Government with a Bill of Lading or manifest clearly identifying the equipment being invoiced. This documentation must include item descriptions, quantities, and serial numbers where applicable.
6. **Photographic Evidence:** The Contractor shall provide the Government with dated, high-resolution photographs of the equipment being invoiced. Where applicable, photographs must document the equipment tag showing make, model, and serial number.
7. **Government Audit Rights:** The Government reserves the right to physically inspect the storage facility and the invoiced materials at any time to verify compliance with these procedures.
8. **Invoice Eligibility Timing:** The Contractor may invoice only after materials have been delivered to the secure facility, verified through inspection, and documented in accordance with Clauses 4 and 5.
9. **Liability:** Government approval of the invoice does not transfer liability for equipment care, handling, storage, or risk of loss. The Contractor retains full responsibility for the materials until delivery, installation, and acceptance at the designated Government site.