

**New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
Public Health Sanitation and Safety Program  
PO Box 369  
Trenton, NJ 08625-0369**

**Instructions for Completing the  
PHSS-5, Payment Voucher**

Please complete the following Sections:

- (A) Vendor ID Number**
- (C) Total Amount Due**
- (D) Payee Name and Address**  
This should be the remittance address.
- (F) Payee Declarations**  
Certify the information is correct by Signing the form and include Title and Date

**Description of Item Section:**

Enter the period covered by this reimbursement request.

Facilities with 10 or Fewer Sunlamp Products:

List the name of each licensed facility inspected, the permanent ID Number, and the corresponding number of sunlamp products in the facility.  
These facilities will use Item No. 00001 to reimburse at \$200.00 for the inspection performed.  
Attach additional pages if necessary.

Facilities with More than 10 Sunlamp Products:

List the name of each licensed facility inspected, the permanent ID Number, and the corresponding number of sunlamp products in the facility.  
These facilities will be listed twice on the payment voucher.  
First, use Item No. 00001 to reimburse \$200.00 for the inspection performed.  
Then use Item No. 00002 and reimbursed at \$10.00 for each additional sunlamp product over 10.

*Example:*

<b>Item No.</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit</b>	<b>Unit Price</b>	<b>Amount</b>
00001	Electric Sun, ID # 10002 (9 Sunlamp Products)	1	Each	\$200.00	\$200.00
00001	The Beach, ID # 10003 (13 Sunlamp Products)	1	Each	\$200.00	\$200.00
00002	The Beach, ID # 10003 (Sunlamp Products Over 10)	3	Each	\$10.00	\$30.00