

	STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)		DOCUMENT			BATCH			ACTG PER	FY			
			TC	AGY	NUMBER	TC	AGY	NUMBER					
											17		
PO#	PV DATE	PP START			SCHED PAY			CHK	OFF	F	RF	CK	(A) VENDOR (PAYEE) ID NUMBER
		MO	DY	YR	MO	DY	YR	CAT	LIAB	A	TY	FL	

CONTRACT NO.	AGENCY REF	BUYER	(B) TERMS	(C) TOTAL AMOUNT

(D) PAYEE NAME AND ADDRESS	(E) SEND COMPLETED FORM TO: New Jersey Department of Health Public Health and Food Protection Program PO Box 369 Trenton, NJ 08625-0369
----------------------------	---

(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			LINE	(G) PAYEE REFERENCE
	CD	AGY	NUMBER		
1	RA	046		01	Tanning Facility Inspections
2					

	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY	OBJECT CD	SUB-OBJ	REV SRCE	SUB-	PROJ/JOB NO
1	100	046	4763		476	J002	6120				
2											

	RPT CT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX
1									
2									

ITEM NO.	DESCRIPTION OF ITEM	DATE OF INSPECTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	Period Covered by this Voucher: From: _____ to _____ Reimbursement for Inspection of the following Tanning Facilities:					
Attach a separate list, if necessary.						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 _____ Title Date
---	--