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STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)

DOCUMENT TC	DOCUMENT AGY	DOCUMENT NUMBER	BATCH TC	BATCH AGY	BATCH NUMBER	ACTG PER.	FY
							22

PO #

PV DATE

PP START MO	PP START DY	PP START YR	SCHED PAY MO	SCHED PAY DY	SCHED PAY YR	CHK CAT	OFF LIAB	F A	RF TY	CK FL	(A) VENDOR ID NUMBER	
											22-1000000	05

CONTRACT NO	AGENCY REF	BUYER	(B) TERMS	PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)	(C) TOTAL AMOUNT
					$8,750.00

(D) PAYEE NAME AND ADDRESS:

Provider ABC
1000 Main Street
Anytown, NJ
MMIS ID#

(E) SEND COMPLETED FORM TO:

FTP Site: https://securexfer.dhs.state.nj.us/login.

(Login credentials to be provided.)

(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 CD	REFERENCE AGY	REFERENCE NUMBER	REFERENCE LINE	(G) PAYEE REFERENCE
1					
2					
3					

	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO
1											
2											
3											

	RPT CT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX
1									
2									
3									

ITEM NO.	COMMODITY CODE / DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1.	Technology - video conferencing	1.00	1	$8,750.00	$8,750.00
2.					$0.00
3.					$0.00
				TOTAL	$8,750.00

CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.

Authorized 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