THE COMMONWEALTH OF MASSACHUSETTS
COMPTROLLER'S DIVISION

PAYMENT VOUCHER INPUT FORM

DOCUMENT ID						
TRANS	DEPT	R/ORG	NUMBER	PV DATE	ACCTG PRD	BUD FY
PV						

ACTION: (E) (M)	SCH PAY DATE	OFF LIAB ACCT

VENDOR'S CERTIFICATION:
I certify that the goods were shipped or the service rendered as set forth below.

.....
(Please Sign in ink)

DEPARTMENT / ORGANIZATION NAME

VENDOR NAME AND ADDRESS

DOCUMENT TOTAL:	DEPT	VENDOR INVOICE NUMBER	VENDOR CODE:	EMP

REFERENCED ORDER	LINE	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

REFERENCED ORDER

LN	TRANS	DEPT	R/ORG	NUMBER	LINE	DEPT	APPROP	SUB	ORG	S/ORG	OBJ	S/OBJ	PROG	TY	PROJ/CL/GRC

RPTG	FUND	BS ACCT	DEPT	VENDOR INVOICE NUMBER:	DESCRIPTION:

DISC	DATES OF SERVICE	QUANTITY	AMOUNT:	I/D	P/F
	TO				

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS:
I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

PREPARED BY: _____ TITLE: _____ DATE: _____

APPROVED BY: _____ TITLE: _____ DATE: _____

ENTERED BY: _____ TITLE: _____ DATE: _____

INSTRUCTIONS TO VENDOR:
FILL IN SHADED AREAS
DIRECT INQUIRIES TO
STATE ORGANIZATION
RETAIN GREEN COPY

CD-PV 36M-12/86