SAMPLE

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE COMPTROLLER

PAYMENT VOUCHER INPUT FORM

DOCUMENT ID						
TRANS	DEPT	R/ORG	NUMBER	PV DATE	ACCTG PRD	BUD FY
PV				3-1-01		

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
ABC, Inc.

DOCUMENT TOTAL:	DEPT	VENDOR INVOICE NUMBER	VENDOR CODE:	EMP
256.78		04999999	FED TAX ID # 04-9999999	

REFERENCED ORDER	LINE	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
RE: John Doe D/I: 1/1/01 Bd. #: 999999 Emp: XYZ, Inc.		4.1 hrs	Voc. Referral Eval. for IWRP Purposes	$ 70.00	
		49 miles	TRAVEL (Boston to Lawrence) (initial Voc. mtg. w/clt. - date)	.27	

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				

SAMPLE

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