



THE COMMONWEALTH OF MASSACHUSETTS  
COMPTROLLER'S DIVISION

PAYMENT VOUCHER INPUT FORM

DOCUMENT ID		NUMBER	
TRANS DEPT	R/ORG		
<b>PV</b>			
ACTION: (E) (M)	SCH PAY DATE	OFF LIAB ACCT	

PV DATE	ACCTG PRD	BUD FY
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

Case Name \_\_\_\_\_  
 NAC# \_\_\_\_\_  
 Type of Expert Service \_\_\_\_\_  
 Total Service Hours \_\_\_\_\_  
 Total Miles \_\_\_\_\_  
 Total Travel Hours \_\_\_\_\_

Please remember to attach your itemization of services, and a copy of the allowed motion for funds

I certify that the expert or provider Who submitted this bill has provided the services indicated \_\_\_\_\_  
 Initial Motion allowed on \_\_\_\_\_  
 Attorney's Hourly rate \_\_\_\_\_  
 BBO# \_\_\_\_\_

LN	TRANS DEPT	R/ORG	NUMBER	LINE	DEPT	APPROP	SUB	ORG	S/ORG	OBJ	S/OBJ	PROG	TY	PROJ/CU/GRC	
RPTG	FUND	BS ACCT	DEPT	VENDOR INVOICE NUMBER:	DESCRIPTION:	DATES OF SERVICE		QUANTITY	AMOUNT:	ID	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