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.
(1)
(Please Sign in ink)

DEPARTMENT / ORGANIZATION NAME

VENDOR NAME AND ADDRESS
(5)

DOCUMENT TOTAL:	DEPT	VENDOR INVOICE NUMBER	VENDOR CODE:	EMP
	(2)	(3)	(4)	

REFERENCED ORDER	LINE	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		(6)	(9) a. b. c. d.	(7)	(8)

6 - 12

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
	(11) TO		(10)		

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