

PAYMENT VOUCHER INPUT FORM



Commonwealth of Massachusetts
Office of the Comptroller

Department/Organization Name

Vendor Name and Address

Document ID

Trans PV	Dept	R/Org	Number	PV Date	Acctg Prd	Budget FY
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Action (E) (M)	Sch Pay Date	Off Liab Act	VENDOR'S CERTIFICATION I certify that the goods were shipped or the service rendered as set forth below ----- (Please Sign In Ink)
Ref Doc ID			

Document Total	Payment Ref Number	Vendor Code	Emp
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Reference Order	LN	QTY	Description	Unit Price	Amount

Reference Doc ID														
LN	Trans	Dept	R/Org	Number	LN	Dept	Approp	Sub	Org	S/Org	Obj	Prog	TY	
Proj/CI/Grc	Actv	RPTG	Fund	BS Acct	Payment Reference Number			Description						
MSA#	Line#	Disc	Dates of Services to		Quantity	Line Amount			I/D	P/F				

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

INSTRUCTIONS TO VENDORS
-Fill in shaded area
-Direct inquires to state organization

Prepared By: _____ Title: _____ Date: _____
Entered By: _____ Title: _____ Date: _____

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.

Page _____ of _____
Phone # _____

Approved By: _____ Title: _____ Date: _____