



THE COMMONWEALTH OF MASSACHUSETTS  
COMPTROLLER'S DIVISION

**PAYMENT VOUCHER INPUT FORM**

DOCUMENT ID						
TRANS <b>PV</b>	DEPT	R/ORG	NUMBER	PV DATE	ACCTG PRD	BUD FY
ACTION: (E) (M)	SCH PAY DATE	OFF LIAB ACCT	<b>VENDOR'S CERTIFICATION:</b> 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 (2) VENDOR INVOICE NUMBER (3) VENDOR CODE: (4) EMP

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

6 - 12

LN	TRANS	DEPT	R/ORG	NUMBER	LINE	DEPT	APPROP	SUB	ORG	S/ORG	OBJ	S/OBJ	PROG	TY	PROJ/CL/GRC
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RPTG	FUND	BS ACCT	DEPT	VENDOR INVOICE NUMBER:	DESCRIPTION:
DISC	DATES OF SERVICE (11) TO		QUANTITY	AMOUNT: (10)	I/D P/F

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