

Instructions for filling out Payment Voucher forms:

When filling out the PV, please fill in the following fields:

- 1.) Vendor name & address:** Your name & address, or the name & address of the company which you are billing under.
- 2.) Vendor Code:** The code issued to you by the Committee for you or the company you are billing under.
- 3.) Vendor Invoice Number:** This can be of your choosing. It will be used as a reference number when your payment is issued, so it should be something that will allow you to identify the payment. Due to privacy concerns please do not use the name of the defendant in this box. Please note, the Commonwealth requires that all invoice numbers used on bills submitted be unique. Please assign each bill a unique vendor invoice number. **Failure to assign each bill a unique invoice number may result in delayed payment or rejection of your bill.**
- 4.) Description:** This can be a description of the expense, and please attach any receipts showing proof of payment, and a copy of the ad placed in the newspaper.
- 5.) Dates of Service:** The date(s) the job was performed.
- 6.) Amount:** Please enter the total amount of the bill here.
- 7.) Vendor's Certification:** You will sign the PV form here.

After you have completed the PV form, please attach proof of indigency. This can be in the form of the Attorney's NAC#, or an affidavit of indigency from the court. And also a copy of the notice.

Please forward the payment voucher, along with any necessary documentation, to the following address:

Committee For Public Counsel Services
Attn: Accounts Payable Unit
75 Federal St.
6th Floor
Boston, MA 02110

Bills are generally processed & paid within 30 days of receipt.

PAYMENT VOUCHER INPUT FORM



Commonwealth of Massachusetts
Office of the Comptroller

Department/Organization Name						
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Vendor Name and Address						
1						

Document ID						
Trans PV	Dept	R/Org	Number	PV Date	Acctg Prd	Budget FY

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) 7			
Ref Doc ID						

Document Total	Payment Ref Number 3	Vendor Code 2	Emp
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Reference Order	LN	QTY	Description	Unit Price	Amount
			4		6

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
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MSA#	Line#	Disc	Dates of Services to		Quantity	Line Amount	I/D	P/F
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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.

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

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

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: _____