

	STATE OF NEW JERSEY PAYMENT VOUCHER (INVOICE)	MACSE DOCUMENT NUMBER <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px auto;"></div>										ACTG PER	FY	
		PP START			SCHED PAY			CHK	OFF	F	RF	CK	(A) VENDOR ID NUMBER	
		MO	DY	YR	MO	DY	YR	CAT	LIAB	A	TY	FL		
PV DATE														

Agreement Date (B)	Agreement No. (B)	Contract ID # (B)	PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (H)				C	TOTAL AMOUNT
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(D) PAYEE NAME AND ADDRESS	(E) SEND COMPLETED FORM TO:
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(F) PAYEE DECLARATIONS
 I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS. THAT THE DESCRIBED GOODS OR SERVICES >>>>> _____ PAYEE SIGNATURE
 HAVE BEEN RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT
 _____ PRINT PAYEE NAME/ TITLE _____ DATE

LINE NO	REFERENCE				(G) PAYEE REFERENCE NUMBER
	O/R	AGY	FAO/FRA #	LINE	
1					
2					
3					

	FUND	AGCY	ORG CODE	APPR UNIT	ACTIVITY CODE	OBJECT CODE	CFS PROJECT #	REPT CATEGORY
1								
2								
3								

	ACCOUNT SPAYABLE REFERENCE #	AMOUNT	I/D
1			
2			
3			

COST INCURRED DATES (H)	CONTRACT DESCRIPTION (H)	AMOUNT
TOTAL		

CERTIFICATION BY RECEIVING AGENCY: I certify that the above services have been rendered in accordance with the contract agreement.

Signature

Print Name/Title _____ Date _____

CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just and payment is approved.

Authorized Signature - Accounting

Print Name/Title _____ Date _____

PAYEE INSTRUCTIONS – PV (C)

SHADED AREAS (A - H) ARE REQUIRED TO BE COMPLETED BY PAYEE

A) VENDOR IDENTIFICATION NUMBER

Complete the payee identification field with the federal employer identification number assigned to the business or the social security number if the payee is an individual.

NOTE: You must be registered with the State of New Jersey Department of Treasury in order to receive payment.

B) CONTRACT INFORMATION

Contract Agreement date, Agreement Number assigned within contract and Contract I.D.# are in the Executed Contract Agreement.

C) TOTAL AMOUNT

Enter the total amount of this payment voucher.

D) PAYEE NAME AND ADDRESS

The name of the individual or company to whose name the check shall be drawn and the complete address where the check shall be mailed.

E) SEND COMPLETED FORM TO:

Division or Bureau to whom the services were furnished. Forward 2 copies of the invoice to appropriate Contract Manager as noted in the Executed Contract Agreement.

F) PAYEE DECLARATION

Payee must sign the declaration and date the payment voucher.
Print name and title.

G) PAYEE REFERENCE NUMBER

Payee must show its **own** invoice or billing number or any other identification for reference purposes. **This information is recorded on the check stub and aids the payee to identify the invoices which have been paid.** Do not use more than **30** characters and must be unique.

H) COST INCURRED DATES AND CONTRACT DESCRIPTION

Cost incurred dates and description of work performed, including task order number or extra work modification number, UPC Code if available.

TO INSURE PROMPT PAYMENT, SEND COMPLETED PAYMENT VOUCHER PV (C), WITH SUPPORTING SUMMARIES AND PROGRESS REPORT. BE SURE TO INCLUDE PAYEE SIGNATURE.

VENDORS MAY BE ENTITLED TO INTEREST ON PROPERLY EXECUTED SUBMITTED PAYMENT VOUCHERS THAT ARE PAST THE STATE OF NEW JERSEY'S DEADLINE FOR ELIGIBLE STATUTORY PROMPT PAYMENT INTEREST.