

# 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	<b>VENDOR'S CERTIFICATION</b> 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: \_\_\_\_\_