

CLAIM FOR PAYMENT

Vendor ID#			Voucher ID#		
Vendor Name			Time/Date Entered		Submitted for Approval
Address			Invoice Number		
Address 1			Invoice Date		Invoice Rec'd Date
City	State	Zip Code	Invoice Amount		Accounting Date
					Contract ID

Description of Materials/Service :

Payee/Vendor Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

_____ Title

_____ Vendor's Signature in Ink

_____ Date _____ Name of Company

Date/Time Stamp Area

Court/Agency Approval

I certify that this invoice/voucher is just, true and correct, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.

_____ Date of Approval

_____ Authorized Signature

Invoice Lines								
Amount	Item	Description	Qty	UOM	Unit Price	Extended Amount	Ship To	Speed Chart

Distribution Lines							
Amount	GL Unit	Dept - 7th JD Generally 5000283	Program (M/B, Surr)	Fund (05)	Account Code	Budget Ref (FY)	Oper Unit (Prev CC)
	UCS01						
	UCS01						
	UCS01						
	UCS01						
	UCS01						