

Budget FY		<b>PURCHASE ORDER/PAYMENT VOUCHER</b>										Document Number										
					Date					Acctg Period (mm/yy)												
Vendor Code						Agency Name <b>Department of Human Services</b>																
Vendor Name and Address						Bill To Address (Ordering Agency)					Ship To Address											
Terms			FOB			Order Approved By						Goods Received/ Services Performed										
Quantity		Vendor's Invoice Date				Vendor's Invoice Number					Date		Initials									
Ordered	Received	Unit of Measure	Description										Unit Price	Total Price								
Contract Number: Reference Document Number: Reference Paid Date:																						
<b>Document Total</b>																						
Claimant's Certification										Agency Certification												
I certify that the items for which payment is claimed were furnished for state business under the authority of the law and that the charges are reasonable, proper, and correct, and no part of this claim has been paid.										I certify that the above expenses were incurred and the amounts are correct and should be paid from the funds appropriated by:												
<b>Date</b>										<b>Code or Chapter Section(s)</b>												
<b>Title</b>																						
<b>Claimant's Signature</b>										<b>Authorized Signature</b>												
<b>THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY</b>																						
Doc Type (PO or PV) <b>PV</b>		Doc Number			Doc Date		Acctg Prd		Budget FY		Action New/Mod <b>E</b>		PO Ship Instr		PV Type <b>1</b>		Int Ind		Int Seller Fund		Int Seller Agcy	
Vendor Code			Addr Override		F/A Indicator		EFT Ind		Text-PO's Only (Y/N)			Text (PO's Only)										
Ref Doc Type		Ref Doc Number			Ref Doc Line		Com Ln		Vend Invoice #			Commodity Code			GS Contract							
Line	Fund	Agcy	Org	Sub Org	Actv	Rsrc	Sub Rsrc	Func	Objt	Sub Objt	Job Number	Rep Cat	Quantity / Units	I/D	Description	Amount	I/D	P/F				
01																						
02																						
03																						
04																						
05																						
06																						
07																						

**Paid Date** \_\_\_\_\_ **Warrant #** \_\_\_\_\_

**Document Total** \_\_\_\_\_

**Audited By** \_\_\_\_\_