

Budget FY		PURCHASE ORDER/PAYMENT VOUCHER										Document Number						
1	2 Date					Acctg Period (mm/yy)					3							
4 Vendor Code				5 Agency Name Department of Human Services														
6 Vendor Name and Address				Bill To Address (Ordering Agency)				Ship To Address										
Terms		FOB		7 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						
	8	9	10									11	12					
			Contract Number: 13			Reference Document Number: 14			Reference Paid Date: 15									
Document Total										16								
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:												
Date		Title				Code or Chapter Section(s)												
17 Claimant's Signature						Authorized Signature												
THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																		
18 Doc Type (PO or PV)		19 Doc Number		Doc Date		Acctg Prd		20 Budget FY		Action New/Mod E	PO Ship Instr	PV Type 1	Int Ind	Int Seller Fund	Int Seller Agcy			
21 Vendor Code		Addr Override		F/A Indicator		EFT Ind		22 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	23	24	25						26							27		
02																		
03																		
04																		
05																		
06																		
07																		
Paid Date _____ Warrant # _____												Document Total		28				

Calculate!

Print!