



8PVA

# PAYMENT VOUCHER

Vendor Code: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

Check needed by: \_\_\_\_\_ (Optional)

Date Prepared: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Department: \_\_\_\_\_

Mail Sort Code: \_\_\_\_\_

### PAYMENT CERTIFICATION

The department representative preparing this form must execute the following statement or this form will be returned without action.

If the payee(s) or beneficiary(ies) of this payment is/are a Nonresident Alien(s), please refer to the instructions in the NSHE Policies and Procedures for Payments Made to Nonresident Aliens manual before processing this document. For further information, contact 651-4439.

I, the undersigned certify that I have asked the payee/beneficiary for the following information and that it is true and correct:

The payee/Beneficiary of this payment is a U.S. Citizen or Permanent Resident ("green card" holder). **Circle either: YES NO**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Disposition of check if not to be mailed to vendor's address:

### Reference PO #:

If this PV references an 8T purchase order, please enter the purchase order Accounting Line number (01, 02, etc.) that is being charged. Indicate whether the payment is a Partial payment or the Final Payment.

**DO NOT USE FOR "8S..." PURCHASE ORDERS**

Document Text -

ACCTG LINE	FUND	AGCY	ORGN	SUB-ORGN	OBJT	SUB-OBJT	REV SRC	SUB REV SRC	JOB NUMBER
CUSTOMER # DESCRIPTION						VENDOR INV#		AMOUNT	P/F
01									
02									
03									
04									
05									

Document Total: \_\_\_\_\_

Approved	Date	Approved	Date	Approved	Date
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