

SUFFOLK COUNTY PAYMENT VOUCHER

Dept.:	Contact:	Payment Voucher #	Responsible Agcy	Modify #
Dept. Address				
Date of Record (mm/dd/yy)	Accounting Period (mm/yy)	Budget FY (yy)	Document Total (Include Cents)	
Vendor Code (10-1) <div style="text-align: center; font-size: 1.2em;">VC</div>		Address		
Vendor Name				
Single Check Indicator (Y/N)	Scheduled Pay Date (mm/dd/yy)	Offset Liability Account (4)		

Ln (02)	Reference Document Cd (2) Number (11) Ln (2)	Com Ln # (3)	Invoice Number (12) Ln (3)	Fnd (3)	Agy (3)	Orgn (4)	Sub Org (2)	Actv (4)	Obj (4)	Sub Obj (2)	Rept Cat (4)	Capital Project # (8)
Rev (4)	BS Acct (4)	Description (17)	Amount (Include Cents)				I/D		P/F			
01												
02												
03												
04												
05												

Additional Comments

DEPARTMENT CERTIFICATION: I hereby certify that the materials above specified have been received by me in good condition without substitution. The service properly performed and that the quantities thereof have been verified with the exceptions of discrepancies noted and payment is approved.

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

DEPARTMENT
SIGNATURE

DATE

TITLE

VENDOR SIGNATURE

DATE

TITLE

NAME OF
COMPANY

Payment Voucher Form

The Payment Voucher (PV) serves as the payment vendor request form. Once the vendor completes their part of the PV it is forwarded to the appropriate County agency or department for further processing. This form may also be used for Capital Project expenditures.

The vendor will only enter the following on the PV:

Required	Vendor Signature	Responsible person to sign and date PV here.
Required	Title	Enter title of person signing PV.
Optional	Date	Enter Date
Optional	Name of Company	Enter name of the company that the person signing PV is associated with.

The department or agency will complete the form by entering the following on the PV:

Required	Department, address & Contact	This info is needed to determine delivery.
Required	Payment Voucher #	This number is pre-printed on the form.
Required	Vendor Code	Enter vendor code
Required	Vendor Name	Enter vendor name as it is to appear on check.
Required	Vendor Address	Enter address where the check is be mailed.
Required	Additional Comments	Enter description of materials and/or services provided and amount charged, indicated in dollars and cents.
Optional	Single Check Indicator	If payment must be on a separate check enter "Y" here.
Optional	Scheduled Pav Date	If a special payment date is being requested enter the date here using MM/DD/YY format.
Conditional	Offset Liability Account	Leave blank.
Required	Line#	It defines the accounting line number to IFMS.
Required	Referenced Document	Enter PC, SC or DO
Required	Commodity Line	Enter Commodity Line #
Required	Invoice	Enter up to a twelve digit alpha-numeric vendor reference here that will appear on the check stub.
Required	Fund	Enter three digit alpha-numeric code which indicates what fund will be charged.
Required	Agency	Enter three digit alpha-numeric code which indicates what department will be charged.
Required	Organization	Enter four digit alpha-numeric code which indicates what organization within the defined agency will be charged.
Conditional	Sub-Organization	Leave blank.
Conditional	Activity	Leave blank.
Conditional	Object	Enter four digit alpha-numeric code which indicates what object will be charged.
Conditional	Sub-Object	Enter two digit alpha-numeric code which links the expenditure to a specific charge by a Contract Agency, otherwise leave blank.
Conditional	Reporting Category	Enter four digit alpha-numeric code which links the expenditure to a grant or a particular police command, otherwise leave blank.
Conditional	Capital Project	If the expenditure is for a Capital Project enter the project number. Otherwise leave blank.
Conditional	Revenue Source	Enter only to record Vendor credit against a revenue budget.
Conditional	BS Account	Use if payment is to be made against a balance sheet account instead of a budget line. Also use to record retainage portion of a payment.
Required	Description	Enter up to a thirty digit alpha-numeric general description you want recorded with the document.
Required	Amount	Enter the amount, indicated in dollars and cents, charged to this line.
Conditional	I/D (Increase/Decrease)	Leave blank, unless retainage or lien is involved. To record retainage or lien, enter "D" (decrease) for amount being withheld for the retainage or lien
Conditional	P/F (Partial/Final)	Leave blank.
Required	Department Signature	Department head or their designee sign PV here.
Required	Date	Enter date department head of their designee signed PV here.
Required	Title	Enter title of person signing PV.