TDH Form B-13

STATE OF TEXAS

PURCHASE VOUCHER

WP5.1 (9/93)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Archive reference number | 2. Agency No. **537** | 3. Agency Name **TEXAS DEPARTMENT OF STATE HEALTH SEVICES** | 4. Current document number |
| 5. Effective date | 6. DOC date 05/16/96 | 7. Due date | 8. Doc Agency **537** |
| 9.Payee identification number | 10. PDT | 11. PCC | 12. Requisition number  | 13. Document amount  |
| 14. Payee name/address | 15. GSC order number | 17. AGENCY USE FUND 5046/0001 BUDGET E30000 CAT. 40 SERV DATE   General or Program X Activity Code 139  |
| 16. Lease number |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18.SFX001 | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | Amount | R |
| APPN | Fund | NACUBO Sub-Fund | Grant number | Grant year/phase | Project number | Project phase | Contract number | Multipurpose code |
| Invoice number | Description | AGENCY USE |
| 18.SFX002 | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | Amount | R |
| APPN | Fund | NACUBO Sub-Fund | Grant number | Grant year/phase | Project number | Project phase | Contract number | Multipurpose code |
| Invoice number | Description | AGENCY USE |
| 18.SFX003 | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | Amount | R |
| APPN | Fund | NACUBO Sub-Fund | Grant number | Grant year/phase | Project number | Project phase | Contract number | Multipurpose code |
| Invoice number | Description | AGENCY USE |

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| --- | --- | --- | --- | --- |
| 19. SER/DEL DATE | 20. DESCRIPTION OF GOODS OR SERVICES | 21. QUANTITY | 22. UNIT PRICE | 23. AMOUNT |
|  | \_\_\_ Quarter Lump sum payment as specified in contract with Texas Department of State Health Services and (Payee Name)**EMS/TOB-RAC****Contract Term: (MM/DD/YY) thru (MM/DD/YY)****DSHS Contract #:** (**####-######-##)** |  |   |   |
| 24. Contact name  | Phone (Area code and number)  | 25. Entered by |
| 26. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act. |
| Approvedsign here  | Phone (Area code and number) | Date |
| Fiscal Approvedsign here  | Phone (Area code and number)  | Date |