

PAYMENT VOUCHER INPUT FORM

Department / Organization Name DPH / MTCP
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The Commonwealth of Massachusetts
Office of the Comptroller

Document ID				PV Date	Acctg Prd	BFY 25
Trans PV	Dept DPH	R/Org 2903	Number			

Action: (E) E	Sch Pay Date	Off Liab Act	Vendor's Certification I certify that the goods were shipped or the service rendered as set forth below. _____ (Please Sign In Ink)
(M)			

Ref Doc ID	
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Vendor Name and Address
City of Melrose Treasurer PO Box 56 Melrose, MA 02176

Document Total	Stxt	Payment Ref Number Melrose FY25 – PV2	Vendor Code VC6000192116	Emp
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Referenced Order	Line	Quantity	Description	Unit Price	Amount
INTF2903P01190128226	1		Tobacco Control Program ACCT: 4512-9069 - \$ 22,500.00		\$ 22,500.00

Referenced Order														
LN 01	Tran SC	Dept DPH	R/Org 2903	Number	Line	Dept DPH	Approp 4512-9069	Sub PP	Org 2903	S/Org	Obj P01	S/Obj	Prog	Ty

Proj/Cl/Grc	Actv	Rptg	Fund	BS Acct	Payment Reference Number	Description
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MSA#	Line#	Disc	Date of Service 10/01/2024 - 12/31/2024	Quantity 1	Line Amount \$ 22,500.00	I/D	P/F
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TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS						Instructions To Vendor - Fill in shaded areas - Direct inquiries to state organizations
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I hereby certify under penalties of perjury that all laws of the commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed					
Prepared By: _____ Alex Gomez _____			Date: _____ 12/10/2024 _____		
Entered By: _____ Title: _____			Date: _____ Page _____ Of _____		

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations

Approved By: _____ Title: _____ Date: _____ Phone: _____
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