PAYMENT VOUCHER INPUT FORM

The Commonwealth of Massachusetts

Office of the Comptroller

Department / Organization Name
DPH / MTCP

Document ID

Trans	Dept	R/Org	Number	PV Date	Acctg Prd	BFY
PV	**DPH**	**2903**				26

Action: (E)	Sch Pay Date	Off Liab Act
E (M)		

Ref Doc ID

Vendor's Certification

I certify that the goods were shipped or the service rendered as set forth below.

(Please Sign In Ink)

Vendor Name and Address

City of Melrose Treasurer

PO Box 56

Melrose, MA 02176

Document Total	Stxt	Payment Ref Number	Vendor Code	Emp
		Melrose FY26 - PV1	VC6000192116	

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

Proj/Cl/Grc	Actv	Rptg	Fund	BS Acct	Payment Reference Number	Description

MSA#	Line#	Disc	Date of Service	Quantity	Line Amount	I/D	P/F
			07/01/2025 - 09/30/2025	1	**$ 22,500.00**		

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

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: ___09/09/2025_____.

Entered By: _____ Title:_____ Date: _____ Page ____ Of____

Instructions To Vendor

- Fill in shaded areas
- Direct inquiries to state organizations

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: _____