STATE OF TEXAS

Purchase Voucher (Shaded Areas Not Used by DADS) **Page 1 of** _____

1. Agency No.	2. Agency Name	3. Current Document No.	**Accounting Use Only**
539	**Department of Aging and Disability Services**		
4. Texas Identification Number (14 digits)	5. PDT	6. Document Amount	
7. Payee Name/Address	**8. Agency Use**		

9.	Ref Doc	SFX	Confid.	TC	Orig. Payment Date	PCA	AY	COBJ	Account	Amount	R
SFX 001	APPN	Fund	Invoice Received Date		Delivery Date	Payment Due Date		Requested Payment Date		Interest Control	Reason
	Invoice No.		Description			MM/YY of Ser.	Dept ID		Program	SpeedChart	

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	Invoice No.		Description			MM/YY of Ser.	Dept ID		Program	SpeedChart	

10. SER/DEL Date	**11. Description of Goods or Services**	**12. Quantity**	**13. Unit Price**	**14. Amount**

11a. HCATS Contract No.	**11b. HCATS Service Dates**

Verification Certification	Telephone (Area Code and No.)	Approval
15. Contact Name	Telephone (Area Code and No.)	16. Entered By

17. I approved 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.

Approved	Mail Code	Telephone (Area Code and No.)	Date
Approved	Mail Code	Telephone (Area Code and No.)	Date

Distribution: Send original and one copy to Accounts Payable, Mail Code E-411.