

DEPARTMENT OF LOCAL AFFAIRS
VOUCHER FOR PURCHASES AND SERVICES

DS

Agency	Division Name	PV Date	Acctg Period/FY	PV Number
NAA	FS	11/19/08	05/09	05 2139

VENDOR CODE (Box must be completed in order to process)	Payee Name and Remit To Address (Get information from invoice)	P# or Encumbrance Number (where applicable, 11 digit)
840532959	Town of Nunn P.O. Box 171 Nunn, CO 80648	FOBMLG6024

<--- You may skip these codes for lines using encumbrance --->

PO Line	Type P/F	INVOICE NUMBER	FUND 3 digit	ORGN 4 digit	APPR 3 digit	OBJT 4 digit	SUB 2 digit	GBL 4 digit	RPTC 4 digit	DESCRIPTION See Checklist for info	AMOUNT
01	P		153	FAAD	128			BMGB		Interim Payment	17,960.25
	P									EIAF - # 6024	
	P										
	P										
	P										
	P										
	P										
	P										
Note: Balance 35,039.75											TOTAL: 17,960.25

Contract Payment Certification: (Complete by Contract Administrator on a payment where no payment request is attached)
I have reviewed the financial and narrative status reports required by the contract and found the reports to be in compliance with the terms of the contract. I approve payment for the requested amount on contract encumbrance number 6024. The period covered by this request is: From 7/7/2008 To: 11/17/2008
Contract Administrator's Signature: [Signature] Date: 11-17-08

Miscellaneous Reimbursement Certification: (Complete by payee for non-travel related reimbursements)
I certify that I actually paid for and received the goods or services purchased for official State business and that reimbursement will not be made to me from any other sources.
Payee's Signature: _____ Date: _____

Immigration Status Reporting: (Complete on Payment of grant funds to town, city, city & county, or county). Verified by: DVD
 Payee met certification/reporting requirement of CRS 29-29-103(2)(b), or SB 06-090.

SPECIAL INSTRUCTIONS (to Accounting):	For Division Use Only		For Accounting Use Only	
	Prepared by	Date	Reviewed by	Date
Voucher Processing: <input type="checkbox"/> Run Immediate Requested-See Checklist <input type="checkbox"/> Pay by Electronic Funds Transfer Hold Warrant for: (All warrants will be mailed by State Controller's Office unless specified otherwise) <input type="checkbox"/> Return to Division <input type="checkbox"/> Accounting to mail with attachment	<u>[Signature]</u> DUD <u>[Signature]</u>	<u>11-17-08</u> <u>11/19/08</u>		
	Keyed by	Date	Approved by	Date

Please see the Payment Voucher Checklist for instructions

NOV 20 2008