

PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530) ORIGINAL-make copies

1. Active Reference Number	2. Agency Number <b>530</b>	3. Agency Name <b>TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES</b>				4. Current Document Number
9. Payee Identification Number	5. Effective Date	6. Order (document) Date	7. Due Date	8. Doc Agency		13. Document Amount

14. Payee Name/Address				15. GSC Order Number	17. AGENCY USE	
				16. Lease Number		

18.	Ref Doc	SFX	M	TC	Index	PCA	AY	COBJ	AOBJ	AMOUNT	R	
SFX	APPN	Fund	NACUBO Sub-Fund	Grant Number	Grant Year/Phase	Project Number	Project Phase	Contract Number	Multipurpose Code			
001						6059						
	Invoice Number	Description					AGENCY USE (Month of Service,R/D,PAC,and APD No must be completed on all PRS 4116-X)					
		MM/YY (Mo. of Ser.)	REG/DIV	PAC	APD No.							
		12/510	209									

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		12/510	209									

19. SER/DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
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**The Education and Training Voucher Services are authorized under section 447 of Title V-E of the Social Security Act and under the John H. Chafee Foster Care Independence Program**

(See Supporting Documentation)

Certified Amount = \$  
(for internal use only)

Vendor Certification <b>X</b>	Phone (Area Code and Number)	GSC Approval <b>X</b>
24. Contact Name	Phone (Area Code and Number)	25. Entered By

26. 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.

<b>APPROVED:</b> Sign Here  David Smith or Caroline Bagues	Mail Code  W-157	Phone (Area Code and Number)  (512)438-3312	Date
<b>APPROVED:</b> Sign Here	Mail Code	Phone (Area Code and Number)	Date