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9. Payee Identification Number							10. PDT	11. PCC	12. Requisition Number		13. Document Amount		
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## STATE OF TEXAS

Page PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530) 1. Active Reference Number 2. Agency Number 3. Agency Name 4. Current Document Number 530 TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES 5. Effective Date 6. Order (document) Date 7. Due Date 8. Doc Agency 9. Payee Identification Number 10. PDT 11. PCC 12. Requisition Number 13. Document Amount TAX ID OR VENDOR IDENTIFICATION NUMBER 14. Payee Name/Address 15. GSC Order Number 17. AGENCY USE Apartments on the Barge 16. Lease Number 5504 Scholar Road Austin, Texas 78745 Phone: 512/990-8960 (re: John Doe/April 2004 rental payment) COB.I AOB.I AMOUNT Ref Doc SFX TC Index Project Number APPN NACUBO Sub-Fund Grant Number SEX Fund Grant Year/Phase Project Phase Contract Number Multipurpose Code 6059 AGENCY USE Description (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) Invoice Number 001MM/YY (Mo. of Ser.) REG/DI\ 12/510 209 18 Ref Doc SFX Index PCA ΑY COBJ AOB. AMOUNT APPN Fund NACUBO Sub-Fund Project Number Project Phase Contract Number Multipurpose Code SFX 6059 Invoice Number Description AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 002 MM/YY (Mo. of Ser.) 12/510 209 AMOUNT 18 Ref Doc PCA AY SFX M TC Index R APPN NACUBO Sub-Fund Project Number Fund Grant Number Grant Year/Phase Project Phase Contract Number Multipurpose Code SFX 6059 Invoice Number AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 003 Description MM/YY (Mo. of Ser.) 12/510 209 19. SER/DEL DATE 20. DESCRIPTION OF GOODS OR SERVICES 21. QUANTITY 22. UNIT PRICE 23. AMOUNT 3/26/04 \$550.00 Rent for April 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 GSC Approval Phone (Area Code and Number) 24. Contact Name 25. Entered By Phone (Area Code and Number) 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. Mail Code Phone (Area Code and Number) Date APPROVED: Sign Here W-157 512-438-3312 Caroline Bogues Mail Code Phone (Area Code and Number) Date APPROVED: Sign

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STATE OF TEXAS Page of PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530) 1. Active Reference Number 2. Agency Number 3. Agency Name 4. Current Document Number TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES 530 5. Effective Date 6. Order (document) Date 7. Due Date 8. Doc Agency 10. PDT 11. PCC 9. Payee Identification Number 12. Requisition Number 13 Document Amount TAX ID OR VENDOR IDENTIFICATION NUMBER 14. Payee Name/Address 15 GSC Order Number 17 AGENCY USE Little Folks Daycare 16. Lease Number 2828 Tiny Tot Road Austin, Texas 78767 Phone: 512/452-9658 (re: Jane Doe/ April 2004 daycare payment) Ref Doc SFX TC Index COBJ AOBJ AMOUNT NACUBO Sub-Fund APPN Fund Grant Number Grant Year/Phase Project Number Project Phase Contract Number SFX Multipurpose Code 6059 Invoice Number Description AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X)  $\Omega\Omega1$ MM/YY (Mo. of Ser.) REG/DIV APD No. 12/510 209 Ref Doc AMOUNT APPN NACUBO Sub-Fund Project Phase Contract Number Multipurpose Code SFX 6059 Invoice Numbe AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 002 MM/YY (Mo. of Ser.) REG/DIV PAC APD No. 12/510 209 18 Ref Doc SF AMOUNT Index APPN Fund NACUBO Sub-Fund Grant Number Grant Year/Phase Project Number Project Phase Contract Number Multipurpose Code SFX 6059 Invoice Number Description AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 003 MM/YY (Mo. of Ser.) REG/DIV APD No PAC 12/510 209 19. SER/DEL DATE 20. DESCRIPTION OF GOODS OR SERVICES 3/26/04 \$120.00 Childcare payment for April 2004 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 Phone (Area Code and Number) GSC Approval 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. Phone (Area Code and Number) Mail Code Date APPROVED: Sign Here W-157 512-438-3112 Caroline Bogues Phone (Area Code and Number) Mail Code Date APPROVED: Sign

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## STATE OF TEXAS

Page PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530) 1. Active Reference Number 2. Agency Number 3. Agency Nam Current Document Number 530 TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES 5. Effective Date 6. Order (document) Date 7. Due Date 8. Doc Agency 11 PCC 9. Payee Identification Number 10 PDT 12. Requisition Number 13. Document Amount TAX ID OR VENDOR IDENTIFICATION NUMBER 14. Payee Name/Address 15. GSC Order Number 17. AGENCY USE TXB Electric Lease Number 8789 Lighting Avenue Austin, Texas 78548 Phone: 512/452-9658 (re: Jack Doe/March 2004 Electric Bill Payment) COBJ AOBJ AMOUNT Ref Doc SFX TC Index APPN Fund NACUBO Sub-Fund Grant Number Grant Year/Phase Project Number Project Phase Contract Number Multipurpose Code SFX 6059 Invoice Number Description AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 001MM/YY (Mo. of Ser.) REG/DIV PAC APD No 12/510 209 Ref Doc SEX AOB. AMOUNT TC Index PCAAPPN Fund NACUBO Sub-Fund Grant Number Grant Year/Phase Project Number Project Phase Contract Number Multipurpose Code SFX 6059 Description AGENCY USE 002 Invoice Number (Month of Service.R/D.PAC.and APD No must be completed on all PRS 4116-X) MM/YY (Mo. of Ser. REG/DIV APD No 12/510 COBJ 209 AOB 18 Ref Doc SFX TC Index PCA AMOUNT M APPN Fund NACUBO Sub-Fund Grant Number Grant Year/Phase Project Number Project Phase Contract Number Multipurpose Code SFX 6059 Invoice Number Description AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 003 MM/YY (Mo. of Ser.) REG/DIV PAC APD No 12/510 209 19. SER/DEL DATE 20 DESCRIPTION OF GOODS OR SERVICES 21 QUANTIT 23 AMOUNT **Electric Utility bill for March 2004** 3/26/04 \$85.88 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 Phone (Area Code and Number) GSC Approval X 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. Mail Code Phone (Area Code and Number) Date APPROVED: Sign Here W-157 512-438-3312 David Smith Mail Code Phone (Area Code and Number) Date APPROVED: Sign Here 5/12/2006

## STATE OF TEXAS

Page PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530) 1. Active Reference Number 2. Agency Number 3. Agency Name 4. Current Document Number TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES 530 5. Effective Date 7. Due Date 6. Order (document) Date 8. Doc Agency 9. Payee Identification Number 10. PDT 11. PCC 12. Requisition Number 13. Document Amount SOCIAL SECURITY NUMBER 14. Payee Name/Address 17. AGENCY USE 15. GSC Order Number John Doe 16. Lease Number 2020 ETV Road Austin, Texas 78767 Phone: 512/438-6144 (reimbursement for attached receipts) COB.I Ref Doc SFX M TC Index AOB. AMOUNT APPN Fund NACUBO Sub-Fund Grant Number Grant Year/Phase Project Number Project Phase Contract Number Multipurpose Code SFX 6059 Invoice Number Description AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 001 MM/YY (Mo. of Ser.) REG/DI\ 209 12/510 18 Ref Doo SFX Index PCA COBJ AOBJ AMOUNT APPN NACUBO Sub-Fund Project Number Project Phase Contract Number SFX 6059 Invoice Number Description AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 002 MM/YY (Mo. of Ser.) REG/DIV APD No. 12/510 209 AMOUNT 18 Ref Doc SFX TC Index PCA ΑY APPN Fund NACUBO Sub-Fund Grant Number Grant Year/Phase Project Number Project Phase Contract Number Multipurpose Code SFX 6059 Invoice Number Description AGENCY USE (Month of Service, R/D, PAC, and APD No must be completed on all PRS 4116-X) 003 MM/YY (Mo. of Ser.) REG/DIV APD No PAC 12/510 209 19. SER/DEL DATE 20. DESCRIPTION OF GOODS OR SERVICES 21. QUANTIT 22. UNIT PRICE 23. AMOUNT 3/26/04 \$326.25 Groceries, gas, uniform, school supplies, books 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 Phone (Area Code and Number) GSC Approval X X 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. Mail Code Phone (Area Code and Number) Date APPROVED: Sign Here David Smith Mail Code Phone (Area Code and Number) Date **APPROVED:** Sign Here

WORD - PRS Form 4116-Xe/8-95