

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

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|--------------------------------|--------------------------------|--|-------------|---------------|------------------------|----------------------------|
| 1. Active Reference Number | 2. Agency Number 530 | 3. Agency Name TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES | | | | 4. Current Document Number |
| 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 |

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

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| 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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| 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 | | | |
| 002 | | | | | | 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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| 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 | | | |
| 003 | | | | | | 6059 | | | | | | |
| Invoice Number | | Description | | | | | AGENCY USE (Month of Service,R/D,PAC,and APD No must be completed on all PRS 4116-X) | | | | | |
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| 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 X | 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.

| | | | |
|--|------------------------|------------------------------|------|
| APPROVED: Sign Here David Smith | Mail Code W-157 | Phone (Area Code and Number) | Date |
| APPROVED: Sign Here | Mail Code | Phone (Area Code and Number) | Date |

STATE OF TEXAS

PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530)

Page _____ of _____

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|----------------------------|--------------------------------|--|-------------|---------------|--|----------------------------|
| 1. Active Reference Number | 2. Agency Number 530 | 3. Agency Name TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES | | | | 4. Current Document Number |
| 5. Effective Date | | 6. Order (document) Date | 7. Due Date | 8. Doc Agency | | |

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|---|---------|---------|------------------------|---------------------|
| 9. Payee Identification Number TAX ID OR VENDOR IDENTIFICATION NUMBER | 10. PDT | 11. PCC | 12. Requisition Number | 13. Document Amount |
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|---|--|----------------------|----------------|--|--|
| 14. Payee Name/Address Apartments on the Barge 5504 Scholar Road Austin, Texas 78745 Phone: 512/990-8960 (re: John Doe/April 2004 rental payment) | | 15. GSC Order Number | 17. AGENCY USE | | |
| | | 16. Lease Number | | | |

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| 18. | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | AMOUNT | R | |
| | APPN | Fund | NACUBO Sub-Fund | Grant Number | Grant Year/Phase | Project Number 6059 | Project Phase | Contract Number | Multipurpose Code | | | |
| | 001 | 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. | |
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| 18. | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | AMOUNT | R | |
| | APPN | Fund | NACUBO Sub-Fund | Grant Number | Grant Year/Phase | Project Number 6059 | Project Phase | Contract Number | Multipurpose Code | | | |
| | 002 | 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. | |
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| 18. | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | AMOUNT | R | |
| | APPN | Fund | NACUBO Sub-Fund | Grant Number | Grant Year/Phase | Project Number 6059 | Project Phase | Contract Number | Multipurpose Code | | | |
| | 003 | 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. | |
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| 19. SER/DEL DATE | 20. DESCRIPTION OF GOODS OR SERVICES | 21. QUANTITY | 22. UNIT PRICE | 23. AMOUNT |
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| 3/26/04 | <p>Rent for April</p> <p>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</p> <p>(See Supporting Documentation)</p> <p>Certified Amount = \$ (for internal use only)</p> | | | \$550.00 |
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| Vendor Certification X | 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.

| | | | |
|---|---------------------------|---|------|
| <p>APPROVED: Sign Here</p> <p align="center">Caroline Bogues</p> | Mail Code W-157 | Phone (Area Code and Number) 512-438-3312 | Date |
| <p>APPROVED: Sign Here</p> | Mail Code | Phone (Area Code and Number) | Date |

STATE OF TEXAS

PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530)

| | | | | | |
|----------------------------|--------------------------------|--|-------------|---------------|----------------------------|
| 1. Active Reference Number | 2. Agency Number 530 | 3. Agency Name TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES | | | 4. Current Document Number |
| | 5. Effective Date | 6. Order (document) Date | 7. Due Date | 8. Doc Agency | |

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|---|---------|---------|------------------------|---------------------|
| 9. Payee Identification Number TAX ID OR VENDOR IDENTIFICATION NUMBER | 10. PDT | 11. PCC | 12. Requisition Number | 13. Document Amount |
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| 14. Payee Name/Address Little Folks Daycare 2828 Tiny Tot Road Austin, Texas 78767 Phone: 512/452-9658 (re: Jane Doe/ April 2004 daycare payment) | 15. GSC Order Number | 17. AGENCY USE |
| | 16. Lease Number | |

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| 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 6059 | Project Phase | Contract Number | Multipurpose Code | | | |
| 001 | 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. | | | |
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| 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 6059 | Project Phase | Contract Number | Multipurpose Code | | | |
| 002 | 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. | | | |
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| 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 6059 | Project Phase | Contract Number | Multipurpose Code | | | |
| 003 | Invoice Number | Description | | | | | AGENCY USE | (Month of Service,R/D,PAC,and APD No must be completed on all PRS 4116-X) | | | | |
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| 19. SER/DEL DATE | 20. DESCRIPTION OF GOODS OR SERVICES | 21. QUANTITY | 22. UNIT PRICE | 23. AMOUNT |
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| 3/26/04 | <p>Childcare payment for April 2004</p> <p>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</p> <p>(See Supporting Documentation)</p> <p>Certified Amount = \$ (for internal use only)</p> | | | \$120.00 |
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| Vendor Certification X | 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.

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| <p>APPROVED: Sign Here</p> <p align="center">Caroline Bogues</p> | Mail Code W-157 | Phone (Area Code and Number) 512-438-3112 | Date |
| <p>APPROVED: Sign Here</p> | | | 5/12/2006 |

STATE OF TEXAS

PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530)

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|----------------------------|--------------------------------|--|-------------|---------------|--|----------------------------|
| 1. Active Reference Number | 2. Agency Number 530 | 3. Agency Name TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES | | | | 4. Current Document Number |
| | 5. Effective Date | 6. Order (document) Date | 7. Due Date | 8. Doc Agency | | |

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| 9. Payee Identification Number TAX ID OR VENDOR IDENTIFICATION NUMBER | 10. PDT | 11. PCC | 12. Requisition Number | 13. Document Amount |
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| 14. Payee Name/Address TXB Electric 8789 Lighting Avenue Austin, Texas 78548 Phone: 512/452-9658 (re: Jack Doe/March 2004 Electric Bill Payment) | 15. GSC Order Number | 17. AGENCY USE |
| | 16. Lease Number | |

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| 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. | | |
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| 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 | | |
| 002 | | | | | | | 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. | | |
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| 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 | | |
| 003 | | | | | | | 6059 | | | | | |
| | Invoice Number | | Description | | | | AGENCY USE (Month of Service,R/D,PAC,and APD No must be completed on all PRS 4116-X) | | | | | |
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| 19. SER/DEL DATE | 20. DESCRIPTION OF GOODS OR SERVICES | 21. QUANTITY | 22. UNIT PRICE | 23. AMOUNT |
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| 3/26/04 | <p>Electric Utility bill for March 2004</p> <p>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</p> <p>(See Supporting Documentation)</p> <p>Certified Amount = \$ (for internal use only)</p> | | | \$85.88 |
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| Vendor Certification X | 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.

| | | | |
|---|---------------------------|---|-----------|
| <p>APPROVED: Sign Here</p> <p align="center">David Smith</p> | Mail Code W-157 | Phone (Area Code and Number) 512-438-3312 | Date |
| <p>APPROVED: Sign Here</p> | | | 5/12/2006 |

STATE OF TEXAS

PURCHASE VOUCHER (Shaded Areas Not Used by Agency 530)

| | | | | | | |
|----------------------------|--------------------------------|--|-------------|---------------|--|----------------------------|
| 1. Active Reference Number | 2. Agency Number 530 | 3. Agency Name TEXAS DEPT. OF FAMILY AND PROTECTIVE SERVICES | | | | 4. Current Document Number |
| | 5. Effective Date | 6. Order (document) Date | 7. Due Date | 8. Doc Agency | | |

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|---|---------|---------|------------------------|---------------------|
| 9. Payee Identification Number SOCIAL SECURITY NUMBER | 10. PDT | 11. PCC | 12. Requisition Number | 13. Document Amount |
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| 14. Payee Name/Address John Doe 2020 ETV Road Austin, Texas 78767 Phone: 512/438-6144 (reimbursement for attached receipts) | | 15. GSC Order Number | 17. AGENCY USE |
| | | 16. Lease Number | |

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| 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 6059 | Project Phase | Contract Number | Multipurpose Code | | |
| 001 | 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. | | |
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| 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 6059 | Project Phase | Contract Number | Multipurpose Code | | |
| 002 | 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. | | |
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| 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 6059 | Project Phase | Contract Number | Multipurpose Code | | |
| 003 | 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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| 19. SER/DEL DATE | 20. DESCRIPTION OF GOODS OR SERVICES | 21. QUANTITY | 22. UNIT PRICE | 23. AMOUNT |
|------------------|--------------------------------------|--------------|----------------|------------|

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| 3/26/04 | <p>Groceries, gas, uniform, school supplies, books</p> <p>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</p> <p>(See Supporting Documentation)</p> <p>Certified Amount = \$ (for internal use only)</p> | | | \$326.25 |
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| Vendor Certification X | 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.

| | | | |
|--|-----------|------------------------------|------|
| <p>APPROVED: Sign Here David Smith</p> | Mail Code | Phone (Area Code and Number) | Date |
| <p>APPROVED: Sign Here</p> | Mail Code | Phone (Area Code and Number) | Date |