DSHS Form B-13

STATE OF TEXAS

PURCHASE VOUCHER Page 1 of 1

WP5.1 (9/93)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Archive reference number | 2. Agency No. **537** | 3. Agency Name  **TEXAS DEPARTMENT OF STATE HEALTH SERVICES** | | | | 4. Current document number |
| 5. Effective date | 6. DOC date | 7. Due date | | 8. Doc Agency  **537** |
| 9.Payee identification number | 10. PDT | 11. PCC | 12. Requisition number | | | 13. Document amount $ |
| 14. Payee name/address | | 15. GSC order number | | 17. AGENCY USE  FUND BUDGET CAT. SERV DATE    General or Program Activity Code | | |
| 16. Lease number | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18.  SFX  001 | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | Amount | R |
| APPN | Fund | NACUBO Sub-Fund | Grant number | Grant year/phase | Project number | Project phase | Contract number | | Multipurpose code | |
| Invoice number | | | Description | | | AGENCY USE | | | | |
| 18.  SFX  002 | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | Amount | R |
| APPN | Fund | NACUBO Sub-Fund | Grant number | Grant year/phase | Project number | Project phase | Contract number | | Multipurpose code | |
| Invoice number | | | Description | | | AGENCY USE | | | | |
| 18.  SFX  003 | Ref Doc | SFX | M | TC | Index | PCA | AY | COBJ | AOBJ | Amount | R |
| APPN | Fund | NACUBO Sub-Fund | Grant number | Grant year/phase | Project number | Project phase | Contract number | | Multipurpose code | |
| Invoice number | | | Description | | | AGENCY USE | | | | |

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| --- | --- | --- | --- | --- | --- |
| 19. SER/DEL DATE | 20. DESCRIPTION OF GOODS OR SERVICES | | 21. QUANTITY | 22. UNIT PRICE | 23. AMOUNT |
|  |  | |  |  |  |
| 24. Contact name | | Phone (Area code and number) | | 25. Entered by | |
| 26. I approve 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  | | | Phone (Area code and number) | | Date |
| Fiscal Approved  sign here  | | | Phone (Area code and number) | | Date |