

1) BUSINESS UNIT NAME PDSM1		2) BUSINESS UNIT NO.		3) INVOICE NO.		4) INVOICE AMOUNT			
5) DOCUMENT DATE		6) INVOICE DATE		7) ACCOUNTING DATE		8) RPT. TYPE		9) VENDOR FEIN/SSN - SUFFIX	

VENDOR / PAYEE: FIELDS 13 THROUGH 22 AND 37 THROUGH 40 ARE MANDATORY FOR PAYMENT

10) PAYEE INFO: PAYEE: PAYEE: ADDRESS: ADDRESS: CITY: STATE: CT ZIP CODE:						11) VOUCHER NO.	
						12) VOUCHER DATE.	

13) VENDOR COMMENTS

14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES COMPLETED	15) QUANTITY	16) UNITS	17) UNIT PRICE	18) AMOUNT
(i.e., case, date, court location and contract attorney name)				

19) AMOUNT	20) GL UNIT	21) FUND	22) DEPARTMENT	23) SID	24) PROGRAM	25) ACCOUNT	26) PROJECT/GRANT	27) CHARTFIELD 1	28) CHARTFIELD	29) BUDGET REFERENCE
	STATE	11000	PDS98901	12377	28223		Pds_nonproject			2007
	STATE	11000	PDS98901	12377	28223		Pds_nonproject			2007
	STATE	11000	PDS98901	12377	28223		Pds_nonproject			2007

30) AGENCY NAME AND ADDRESS

COMMISSION ON CHILD PROTECTION

PO Box 1146, 83 Prospect Street
 Waterbury, CT 06721-1146
 (203) 596-4144

31) PO.NO.		32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE	
33) PO BUSINESS UNIT		34) RECEIVING REPORT NO.	
35) DATE(S) OF RECEIPT(S)			

SHIPPING INFORMATION

36) DATE SHIPPED		37) FROM - CITY - STATE		38) VIA-CARRIER		39) F. O. B.	
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