

STATE OF TEXAS
PURCHASE VOUCHER Page ____ of ____
WFS-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 PO #		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	Ref Doc	SFX	M	TC	Index	PCA	AY	COBJ	AOBJ	Amount	R
001	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				
002	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				
003	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				

19. SER/DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
_____	Reimbursement for services as specified in the contract between the Texas Department of State Health Services and Program: _____ Contract Term: _____ thru _____ DSHS Doc # _____ Type of Entity: _____	_____	Monthly Expenses	_____
			Less Adjustment	- _____
			Subtotal	_____
			Less Program Income	- _____
			Less Non DSHS Funding	- _____
			Total Reimbursement	_____
Comments/Adjustments:				

24. Contact name	Phone (Area code and number)	25. Entered by
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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
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