STATE OF ARIZONA **CLAIM – SINGLE VENDOR/ INVOICE FAST ENTRY**	AGENCY	AUTHORIZED BY	BATCH HEADER			
			AGCY (3)	DATE (6) / /	TYPE(1)	NO (3)
	PREPARED BY	ENTERED BY	DATE ENTERED		PHONE	

VENDOR'S NAME (50)	ADDRESS 1 (50)		
ADDRESS 2 (50)	CITY (20)	ST (2)	ZIP CODE (5) +4

RTI (6)	DOC DATE (6)	EFF DATE (6)	DUE DATE (6)	SERV DATE (6)	CUR DOC (8)	DOC AMT $(11) ¢(2)	DOC AGY (3)
	/ /	/ /	/ /	/ /			

VENDOR NO (11)	MC (3)	PDT (2)	INVOICE NO (14)	INVOICE DATE (6)	INVOICE DESCRIPTION (30)
				/ /	

SEQ (3)	**SFX (3)**	**INDEX (5)**	**PCA (5)**	AY (2)	COMP OBJ (4)	AGY OBJ (4)	1099 (1)	AMOUNT $(10) ¢ (2)	RVS (1)	REF DOC (8)	SFX (3)	MOD (1)	AGENCY (3)	TC (3)

I/we hereby certify under penalty of perjury that the items invoiced above have been received and inspected, that the quantities are as stated and the condition is satisfactory, that I/we have examined this claim, that the expenditure is for a valid public purpose and that funds have been appropriated or are otherwise available for payment of this claim, and that if the available funds are from a federal grant, contract or source, this claim is allowable under the terms of such grant, contract or source, and payment of the amount claimed is hereby approved.

APPROVED BY DATE