



**PAYMENT VOUCHER
VENDOR INVOICE**

(i) Authorization Number: VEN177642
Authorization Date: 12/30/2015

**STATE OF NEW JERSEY
DIVISION OF VOCATIONAL REHABILITATION SERVICES
PURCHASE AUTHORIZATION AND INVOICE**

(A) Carelink Helath Care Services
829 E Wood St Suite 201
P O Box 2332
VINELAND, NJ 08362

Participant Name: Vilaboa, Yleana
Participant Address: P O Box 597
Newfield, NJ 08344

(F) Vendor Number: 271279731

Case ID Number: 133930

Counselor Code: 216 Local Office: Bridgeton Payee Type: Vendor

Budget: 2016 - 01 Funds for 2016

(B) Local Office - Payee Reference: Vilaboa, Yleana

Home Health Aide

2. Authorized Service(s)

Item Number	Unit	Amount	Authorization Amount	Description	(C) Units Billed	Period OR Date Done	(D) Amount Billed
1	1.00	\$350.00	\$350.00	BUSINESS SCHOOL/TRAINING OR TRADE SCHOOL TUITION-BUSINESS SCHOOL			
Total:		\$350.00	\$350.00	(E) Amount Total:			

Submit Written Report and/or Invoice to:
(G) NJ Division of Vocational Rehabilitation Services
40 E. Broad Street
Suite 204
Bridgeton, NJ 08302-2881
Phone: (856) 453-3888

Vendor Certification
I certify that the described goods and/or services have been finished or rendered.
(H) Payee Signature: _____
Title: _____
Date: _____

Authorized by: _____
Date: 12-30-2015

Certification by Receiving Agency:
I certify that the above articles have been received or services rendered as stated above.
Signature: _____
Title: _____
Date: _____

Original Copy