



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

ILLINOIS OFFICE OF THE COMPTROLLER
 PV MODIFICATION DOCUMENT

Please Fax to 217-782-3232

Modification Re-edit Deletion Override

VOUCHER #		AGENCY #	
VENDOR #		NAME	
OBLIGATION #		PHONE	
VOUCHER TOTAL		DATE	

VENDOR INFORMATION			
*** VENDOR TIN AND VENDOR NAME MAY NOT BE CHANGED AT THE SAME TIME***			
ORIGINAL		CORRECTION	
TIN:		TIN:	
PAYEE NAME 1		PAYEE NAME 1	
PAYEE NAME 2		PAYEE NAME 2	
ADDRESS		ADDRESS	
CITY STATE ZIP		CITY STATE ZIP	

DETAIL OBJECT CODES					
ORIGINAL			CORRECTION		
DOC #	DOC	AMOUNT	DOC #	DOC	AMOUNT
DOC #1					
DOC #2					
DOC #3					
DOC #4					
DOC #5					
TOTAL					\$ -

OBLIGATIONS						
ORIGINAL			CORRECTION			
OB#	OBLIGATION	LINE	AMOUNT	OBLIGATION	LINE	AMOUNT
OB#1						
OB#2						
OB#3						
TOTAL						\$ -

SERVICE DATES		
	ORIGINAL	CORRECTION
DATE OF SERVICE - BEGINNING		
DATE OF SERVICE - ENDING		
ACTIVITY CODE		

DESCRIPTION _____

Certification of receiving agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates, and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of the Governor's Office of Management and Budget Act have been met.

IOC Use Only
 Modification Processed by: _____
 Initials

_____ Agency Head (Signature)

SCO