

# West Virginia Department of Health and Human Resources

## Division of Family Assistance

### AUTHORIZATION FOR PAYMENT

Benefit Number: \_\_\_\_\_ Voucher Number: \_\_\_\_\_

### TYPE OF PAYMENT AUTHORIZED

 Within 60 days of date of issuance remit for payment to:

Program of Assistance: \_\_\_\_\_

Item of Need: \_\_\_\_\_

### IDENTIFICATION

Customer:

Vendor:

### RECORDING/REMITTANCE

### PAYMENT AUTHORIZATION

This is the vendor's authorization to deliver items specified above in an amount not to exceed \$\_\_\_\_\_.

Purchases of goods and services under this voucher are not subject to the West Virginia consumer sales and service or use tax and is not valid unless signed by the customer and vendor and returned within 60 days of the vendor's signature to the financial clerk at the DHHR office address shown above. Vendors should retain a copy of this voucher in their business records.

The vendor hereby certifies the above services or merchandise to be correct as shown and that no part of the charges listed has been paid or will payment be requested from any other person or agency, and that this account does not include West Virginia consumer and use tax.

A vendor providing shelter, heat, light, telephone or water, sewage service, by signing and accepting this authorization to receive payment, agrees to provide on behalf of the customer identified the services enumerated above for a period of not less than 30 days from the date in the recording/remittance section of this document.

The vendor hereby certifies the above services or merchandise and the price of such services or merchandise were determined/rendered without regard to race, color, national origin, sex, age, religious or political beliefs or disability and type of public assistance received.

The vendor understands that payment of the above service or merchandise as received by vendor on behalf of the customer from the Department of Health and Human Resources does not in any way imply that the Department or any of its employees are liable or responsible for any damage or loss to the vendor caused by the customer in the use or receipt of the service or merchandise listed above.

The customer hereby acknowledges receipt of merchandise or services in the amount authorized.

\_\_\_\_\_  
Customer's Signature Date

\_\_\_\_\_  
Vendor's Signature Date

\_\_\_\_\_  
Worker's Signature Date

\_\_\_\_\_  
Date Authorization Transmitted

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Authorizing Financial Clerk's Signature Date