

AGENCY VOUCHER NUMBER

# STATE OF SOUTH CAROLINA VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

007589

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

CIRCLE IF SPECIAL TYPE

- 1. VENDOR TRAVEL
- 2. DESCRIPTIVE RECORD
- 3. LISTING ATTACHED

H75

AGENCY NO

School For Deaf and Blind

AGENCY NAME

8/2/99

DATE

2000

FY

Peeler Jersey Farms

PAYEE

570563789

VENDOR NO / SOCIAL SECURITY NO

V

V/S

1099

I hereby certify that the articles purchased or services rendered as shown herein have been received and are in accordance with law and that the payee is entitled to payment therefor by the State of South Carolina.

1213 North Street

STREET ADDRESS

VENDOR REFERENCE NO

C C D CODE

CITY COUNTY DISTRICT NAME

Paula Smith

SIGNATURE

8/3/99

DATE

Spartanburg

CITY

SC

STATE

29680

ZIP

\$ 1,000.00

AMOUNT

Business Manager

OFFICIAL TITLE

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	PROJECT CODE	PH	AGENCY REFERENCE	OBJECT CODE	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL			C G R	CG USE ONLY
												SOCIAL SECURITY NUMBER	TRAVELER'S LAST NAME	FI MI		
02	640	0443	1001					A7412	0318	1,000.00						
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
TOTAL									0318	1,000.00						

STARS FORM 60 10/1/80

TOTAL

C G AUDITOR

TO PAYEE The attached check is in payment of (To be filled in by Department)

Peeler Jersey Farms  
INV. #A7412

DEPARTMENT **Food Services**