

AGENCY VOUCHER NUMBER

20

CIRCLE IF SPECIAL TYPE  
1. VENDOR TRAVEL  
2. DESCRIPTIVE RECORD  
3. LISTING ATTACHED

STATE OF SOUTH CAROLINA  
VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

123456

To THE COMPTROLLER GENERAL,  
The attached bills are approved for payment as follows:

AGENCY NO

21

PAYEE

25

STREET ADDRESS

28

CITY

AGENCY NAME

22

VENDOR NO / SOCIAL SECURITY NO

26

VENDOR REFERENCE NO

29

STATE

DATE

23

V/S

FY

24

1099

C C D CODE

27

CITY COUNTY DISTRICT NAME

31

CHECK NUMBER

AMOUNT

32

\$

SIGNATURE

DATE

OFFICIAL TITLE

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 therefore by the State of South Carolina.

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	C O D	PROJECT CODE	PH	AGENCY REFERENCE	OBJECT CODE	D E T A I L	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL			C G R	CG USE
				SOCIAL SECURITY NUMBER	TRAVELER'S LAST NAME			FI	MI					S L N	NO MILES	NO TRIPS		ONLY
TOTAL												33	C G AUDITOR _____					

STARS FORM 60 10/1/80

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

DEPARTMENT