

AGENCY NUMBER 1	AGENCY BATCH NUMBER 2	OBJECT CODE HASH TOTAL 3	TOTAL BATCH AMOUNT 4	BATCH DATE 5	BATCH NUMBER 6	FM 7	DOCUMENT 35
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AGENCY VOUCHER NUMBER
9

AGENCY TRANSFERRED TO (CR)
NAME
ADDRESS
10

STATE OF SOUTH CAROLINA

JOURNAL VOUCHER

TO REQUESTING AGENCY:
This form must be supported with documentation including the reason

C.G. WARRANT NUMBER
33

AGENCY TRANSFERRED FROM (DR)
NAME
ADDRESS
11

FROM:

FM	TRANS CODE	AGCY NO	MINI CODE	SUB-FUND CODE	SUB-SIDIARY ACCOUNT NO	ENCUMBRANCE NO	M O D	PROJECT CODE	P H A S E	AGENCY REFERENCE NUMBER	OBJECT CODE	D E T A I L	TRANSACTION AMOUNT	MULTI-PURPOSE CODE	C G R
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
TOTAL													28	29	

TO:

FM	TRANS CODE	AGCY NO	MINI CODE	SUB-FUND CODE	SUB-SIDIARY ACCOUNT NO	ENCUMBRANCE NO	M O D	PROJECT CODE	P H A S E	AGENCY REFERENCE NUMBER	OBJECT CODE	D E T A I L	TRANSACTION AMOUNT	MULTI-PURPOSE CODE	C G R
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
TOTAL													28	29	

REASON FOR ENTRY:

 REQUESTED BY: **31** DATE **32** APPROVED BY: **34** DATE **34**