

AGENCY VOUCHER NUMBER

STATE OF SOUTH CAROLINA

C.G. WARRANT NUMBER

AGENCY TRANSFERRED TO (CR)

NAME

ADDRESS

JOURNAL VOUCHER

TO REQUESTING AGENCY:

This form must be supported with documentation including the reason

AGENCY TRANSFERRED FROM (DR)

NAME

ADDRESS

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
TOTAL															

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
TOTAL															

REASON FOR ENTRY:

REQUESTED BY: DATE: APPROVED BY: DATE: