

AGENCY VOUCHER NUMBER

STATE OF SOUTH CAROLINA

COMPTROLLER GENERAL'S WARRANT NUMBER

CHECK IF SPECIAL TYPE	
<input type="checkbox"/>	VENDOR TRAVEL
<input type="checkbox"/>	DESCRIPTIVE RECORDS LISTING ATTACHED

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

AGENCY NO _____ AGENCY NAME _____ DATE _____ FY _____

PAYEE _____ VENDOR NO / SOCIAL SECURITY NO _____ VS _____ 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 therefore by the State of South Carolina.

STREET ADDRESS _____ VENDOR REFERENCE NO _____ C C D CODE _____ CITY COUNTY DISTRICT NAME _____

SIGNATURE _____ DATE _____

CITY _____ STATE _____ ZIP _____ CHECK NUMBER _____ AMOUNT \$ _____

OFFICIAL TITLE _____ DATE _____

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	M O D	PROJECT NUMBER	PH	AGENCY REFERENCE	OBJECT CODE	D E T A I L	TRANSACTION AMOUNT	MULTI-PURPOSE CODE	TRAVEL			C R G	CG USE ONLY
														S L N	NO MILES	NO TRIPS		
				SOCIAL SECURITY NUMBER		TRAVELER'S LAST NAME F1 MI												
1																		
2																		
3																		
4																		
4																		
6																		
7																		
8																		
9																		
10																		
11																		

STARS FORM 60 10/1/80

TOTAL

CG AUDITOR _____

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

DEPARTMENT _____