

AGENCY VOUCHER NUMBER

STATE OF SOUTH CAROLINA

C.G. WARRANT NUMBER

AGENCY TRANSFERRED TO (CR)

NAME

ADDRESS

INTERDEPARTMENTAL TRANSFER

AGENCY TRANSFERRED FROM (DR)

NAME

ADDRESS

TO THE COMPTROLLER GENERAL

The Attached bills are approved for payment as follows:

FROM: _____

FM	TRANS CODE	AGCY NO	MINI CODE	SUB FUND CODE	SUB- SIDIARY ACCOUNT NO	ENCUM- BRANCE NO	M 0 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	ENCUM- BRANCE NO	M 0 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															

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.

SIGNATURE _____ OFFICIAL TITLE _____ DATE _____ C.G. AUDITOR _____