

AGENCY VOUCHER NUMBER

4993

CIRCLE IF SPECIAL TYPE

1. VENDOR TRAVEL

2. DESCRIPTIVE RECORD

3. LISTING ATTACHED

STATE OF SOUTH CAROLINA
VOUCHER

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

R36

AGENCY NO

Department of LLR

AGENCY NAME

1/9/99

DATE

99

FY

COMPTROLLER GENERAL'S WARRANT NUMBER

Harold E. White

PAYEE

251740583

VENDOR NO / SOCIAL SECURITY NO

S

V/S

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 therefor by the State of South Carolina.

1620 Third Street

STREET ADDRESS

VENDOR REFERENCE NO

C C D CODE

CITY COUNTY DISTRICT NAME

Columbia,

CITY

SC

STATE

29209

ZIP

\$ 25.00

AMOUNT

Robert E. Lee

SIGNATURE

1/9/99

DATE

Controller

OFFICIAL TITLE

	FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	D D D	PROJECT CODE	PH	AGENCY REFERENCE	OBJECT CODE	D D D T A X I L	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL			C G R	CG USE					
					SOCIAL SECURITY NUMBER	TRAVELER'S LAST NAME				FI					MI	CL K	NO MILES		NO TRIPS	ONLY				
1	07	605	0864	1001		4162					0511		153.00		S									
2	07	605	0864	1001		4162					0512		260.60		S									
3	07	605	0864	1001		4162					0516		25.00		S									
4																								
5	07	603	0864	1001		4162					0599		438.60		S									
6																								
7	07	610	0864	1001		4162					0599		25.00		S									
8																								
9					Agency Voucher Number for the initial Travel Advance must be entered in the Encumbrance No. Column for all Travel Advance repayment transactions.																			
10																								
11																								
TOTAL											2737		902.20	C G AUDITOR										

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

Harold E. White
Travel \$438.60 less Travel Advance \$413.60

DEPARTMENT Administration