

AGENCY VOUCHER NUMBER

3182

CIRCLE IF SPECIAL TYPE
 1. VENDOR TRAVEL
 2. DESCRIPTIVE RECORD
 3. LISTING ATTACHED

STATE OF SOUTH CAROLINA VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

E12
AGENCY NO
Comptroller General's Office
AGENCY NAME
1/9/99
DATE
99
FY

Liberty Life Insurance Company

PAYEE _____ VENDOR NO / SOCIAL SECURITY NO _____ V/S _____ 1099 _____

P.O. Box 100

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

Creenville

SC

29611

CITY _____ STATE _____ ZIP _____ CHECK NUMBER _____

\$ 15,682.70

AMOUNT

John Jones

1/9/99

SIGNATURE _____ DATE _____

Deputy Comptroller General

OFFICIAL TITLE _____

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.

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	PROJECT CODE	PH	AGENCY REFERENCE	OBJECT CODE	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL			C G R	CG USE ONLY
												NO MILES	NO TRIPS			
07	660		3020						8406	15,682.70						
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
TOTAL									8406	15,682.70						

STARS FORM 60 10/1/80

TOTAL

C G AUDITOR _____

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

Liberty Life Insurance Co.
Payroll Deductions Pay Period 1/8/99

DEPARTMENT Payroll