

AGENCY VOUCHER NUMBER

STATE OF SOUTH CAROLINA VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

1
<small>CIRCLE IF SPECIAL TYPE</small> 1. VENDOR TRAVEL 2. DESCRIPTIVE RECORD 3. LISTING ATTACHED

20
20

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

3 AGENCY NO 4 AGENCY NAME 5 DATE 6 FY

7 PAYEE 8 VENDOR NO / SOCIAL SECURITY NO 9 VS 10 1099

11 STREET ADDRESS 12 VENDOR REFERENCE NO 13 CITY 14 STATE 15 ZIP 16 C C D CODE 17 CITY COUNTY DISTRICT NAME 18 CHECK NUMBER 19 AMOUNT 20 SIGNATURE 21 DATE 22 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 therefore 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						
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	42
				43				44											
TOTAL										45	46								

STARS FORM 60 10/1/80 C G AUDITOR

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

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DEPARTMENT