AGENCY VOUCHER NUMBER

4993

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:

AGENCY NO: R36 | AGENCY NAME: Department of LLR | DATE: 1/9/99 | FY: 99

PAYEE: Harold E. White | VENDOR NO / SOCIAL SECURITY NO: 251740533 | V/S: 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 therefore by the State of South Carolina.

STREET ADDRESS: 1620 Third Street | VENDOR REFERENCE NO: | C C D CODE: | CITY COUNTY DISTRICT NAME:

SIGNATURE: Robert E. Lee | DATE: 1/9/99

CITY: Columbia, | STATE: SC | ZIP: 29209 | CHECK NUMBER: | AMOUNT: $ 0.00 | OFFICIAL TITLE: Controller

| | FM | TRANS CODE | MINI CODE | SUB FUND CODE | SUBSIDIARY ACCOUNT / SOCIAL SECURITY NUMBER | ENCUMBRANCE NUMBER | MOD / TRAVELER'S LAST NAME | PROJECT CODE | PH | AGENCY REFERENCE / FI MI | OBJECT CODE | DETAIL | TRANSACTION AMOUNT | MULTI PURPOSE CODE | TRAVEL SLN | TRAVEL NO MILES | TRAVEL NO TRIPS | CGR | CG USE ONLY | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 07 | 605 | 0864 | 1001 | | 4162 | | | | | 0511 | | 143.00 | | S | | | | | |
| 2 | 07 | 605 | 0864 | 1001 | | 4162 | | | | | 0512 | | 250.60 | | S | | | | | |
| 3 | 07 | 605 | 0864 | 1001 | | 4162 | | | | | 0516 | | 10.00 | | S | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | |
| 5 | 07 | 603 | 0864 | 1001 | | 4162 | | | | | 0599 | | 403.60 | | S | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | TOTAL | 2138 | | 807.20 | | | | | | | |

Agency Voucher Number for the initial Travel Advance must be entered in the Encumbrance No. Column for all Travel Advance repayment transactions.

**NOTE:**
**Balance of $10.00 due state forwarded to State Treasurer on 1-9-99.**

STARS FORM 60 10/1/80

C G AUDITOR

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

Harold E. White
Travel $403.60 less Travel Advance $413.60 Balance due state $10.00

DEPARTMENT Administration