

AGENCY VOUCHER NUMBER

# STATE OF SOUTH CAROLINA JOURNAL VOUCHER VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

4183C
CIRCLE IF SPECIAL TYPE 1. VENDOR TRAVEL 2. DESCRIPTIVE RECORD 3. LISTING ATTACHED

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

R36      LABOR DEPARTMENT      8/24/99  
AGENCY NO      AGENCY NAME      DATE      FY

LABOR DEPARTMENT      999999999      S  
PAYEE      VENDOR NO SOCIAL SECURITY NO      VS      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.

P. O. BOX 11329      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
STREET ADDRESS      VENDOR REFERENCE NO      C C D CODE      CITY COUNTY DISTRICT NAME

COLUMBIA      SC      29202      \$0  
CITY      STATE      ZIP      CHECK NUMBER      AMOUNT

\_\_\_\_\_  
SIGNATURE      DATE

\_\_\_\_\_  
OFFICIAL TITLE

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
												Social Security Number	TRAVELER'S LAST NAME	FI		
1	02	615	0869	1001					0511	117.00		N			R	
2	02	615	0869	1001					0512	216.00		N			R	
3	02	615	0869	1001					0513	163.80		N			R	
4	02	615	0869	1001					0514	3.69		N			R	
5	02	615	0870	1001					0511	117.00		N				
6	02	615	0870	1001					0512	216.00		N				
7	02	615	0870	1001					0513	163.80		N				
8	06	615	0870	1001					0514	3.69		N				
9																
10																
11																

STARS FORM 60 10/1/80      TOTAL      4100      1000.98      C G AUDITOR

TO PAYEE The attached check is in payment of (To be filled in by Department)      **REASON: TO CORRECT MINI CODE ON VARIOUS TRAVEL VOUCHERS POSTED IN FM05.**

*Robert White, Controller*      8/2499      DEPARTMENT