

AGENCY VOUCHER NUMBER

0399

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:

F07

AGENCY NO

B&C BD-Div of Operations

AGENCY NAME

8-15-99

DATE

2000

FY

Delta Airlines

PAYEE

570667681

VENDOR NO / SOCIAL SECURITY NO

V

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.

1213 Lady Street

STREET ADDRESS

VENDOR REFERENCE NO

C C D CODE

CITY COUNTY DISTRICT NAME

Mary Jones

SIGNATURE

8/15/99

DATE

Columbia

CITY

SC

STATE

29201

ZIP

CHECK NUMBER

\$ 293.75

AMOUNT

Business Manager

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
													S L R	NO MILES	NO TRIPS		
1	02	617	0119	1001					Atlanta	0513							
2					234186988		Williams,		J.W.		58.75		S		100		
3					465197211		Redd,		J.W.		58.75		S		100		
4					375426312		Scott,		R.T.		58.75		S		100		
5	02	617	0119	5720			0140	30	Atlanta	0513							
6					237204815		Jones,		S.B.		58.75		S		100		
7					247804625		Brown,		H.T.		58.75		S		100		
8																	
9																	
10																	
11																	
TOTAL										1026	293.75	C G AUDITOR					

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

Delta Airlines  
Tickets - Auditors to Atlanta

DEPARTMENT Audit