AGENCY VOUCHER NUMBER

4998

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:

R36 — AGENCY NO
Department of LLR — AGENCY NAME
6/10/99 — DATE
99 — FY

Harold E. White
251740533 — VENDOR NO / SOCIAL SECURITY NO
S — 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 therefore by the State of South Carolina.

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

Brenda S. Leas — SIGNATURE
6/10/99 — DATE

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

	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	12	605	0864	1001		4993					0511		115.00		S					
2	12	605	0864	1001		4993					0512		160.00		S					
3	12	605	0864	1001		4993					0516		25.00		S					
4	12	640	0864	1001		4993					0238		20.00		S					
5																				
6	12	603	0864	1001		4993					0599		300.00		S					
7																				
8	12	220	0864	1001		4993					0599		20.00		S					
9																				
10	Balance of $5.00 due state forwarded to State Treasurer on 6/10/99																			
11																				
										TOTAL	2970		640.00	C G AUDITOR						

STARS FORM 60 10/1/80

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

Harold E. White
Travel $300.00 less Travel Advance $325.00 Balance due state $5.00

DEPARTMENT Audit