

AGENCY NUMBER J12	AGENCY BATCH NUMBER 40	OBJECT CODE HASH TOTAL 8107	TOTAL BATCH AMOUNT 510.00	BATCH DATE	BATCH NUMBER	DOCUMENT 4
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AGENCY VOUCHER NUMBER

0023

AGENCY TRANSFERRED TO (CR)

NAME
MENTAL HEALTH

ADDRESS

STATE OF SOUTH CAROLINA

INTRA INTERDEPARTMENTAL TRANSFER

C.G. WARRANT NUMBER

AGENCY TRANSFERRED FROM (DR)

NAME
MENTAL HEALTH

NAME

NAME

TO THE COMPTROLLER GENERAL
The Attached bills are approved for payment as follows:

FROM

FM	TRANS CODE	AGCY NO	MINI CODE	SUB FUND CODE	SUB SIDIARY ACCOUNT NO	ENCUM BRANCE NO	M O D	PROJECT CODE	P H A S E	AGENCY REFERENCE NUMBER	OBJECT CODE	D E T A I L	TRANSACTION AMOUNT	MULTI PURPOSE CODE	C G R
02	450	J12	5357	3757						00314	0305		255.00		
TOTAL											0305	255.00			

TO

FM	TRANS CODE	AGCY NO	MINI CODE	SUB FUND CODE	SUB SIDIARY ACCOUNT NO	ENCUM BRANCE NO	M O D	PROJECT CODE	P H A S E	AGENCY REFERENCE NUMBER	OBJECT CODE	D E T A I L	TRANSACTION AMOUNT	MULTI PURPOSE CODE	C G R
02	410	J12		3528							7802		255.00		
TOTAL											7802	255.00			

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.

SIGNATURE _____ OFFICIAL _____ TITLE _____ DATE _____ C.G. _____ AUDITOR _____