

AGENCY VOUCHER NUMBER

# STATE OF SOUTH CAROLINA VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

4183
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  
AGENCY NO
Department of LLR  
AGENCY NAME
7/28/99  
DATE
2000  
FY


John L. Green

425147819

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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.

PAYEE VENDOR NO / SOCIAL SECURITY NO V/S 1099

1414 South Street

James White

7/28/99

STREET ADDRESS VENDOR REFERENCE NO C C D CODE CITY COUNTY DISTRICT NAME SIGNATURE DATE

Camden  
CITY
SC  
STATE
29020  
ZIP
**\$ 746.15**  
AMOUNT
Deputy Director  
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	01	615	0869	1001					0504	79.05		S	310			
2	01	615	0869	1001					0501	26.00		S				
3	01	615	0869	1001					0520	6.00		S				
4	01	615	0869	1001					0502	60.00		S				
5	01	615	0869	5109		0180	30		0514	5.10		S	20			
6	01	615	0869	5109		0180	30		0511	80.00		S				
7	01	615	0869	5109		0180	30		0512	160.00		S				
8	01	615	0869	5109		0180	30		0513	182.00		S		100		
9	01	615	0869	5109		0180	30		0515	15.00		S				
10	01	615	0869	5109		0180	30		0516	8.00		S				
11	01	615	0869	5109		0180	30		0517	125.00		S				
TOTAL									5625	746.15						

STARS FORM 60 10/1/80

C G AUDITOR

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

John L. Green  
Travel \$746.15

DEPARTMENT