

AGENCY VOUCHER NUMBER

4183C

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

STATE OF SOUTH CAROLINA
JOURNAL VOUCHER VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

R36
AGENCY NO

LABOR DEPARTMENT
AGENCY NAME

8/24/99
DATE

FY

LABOR DEPARTMENT

999999999

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.

P. O. BOX 11329

STREET ADDRESS

VENDOR REFERENCE NO

C C D CODE

CITY COUNTY DISTRICT NAME

SIGNATURE

DATE

COLUMBIA

SC

29202

CITY

STATE

ZIP

CHECK NUMBER

\$0

AMOUNT

OFFICIAL TITLE

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	H O D	PROJECT CODE	PH	AGENCY REFERENCE	OBJECT CODE	D E T A I L	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL			C G R	CG USE	
				SOCIAL SECURITY NUMBER			TRAVELER'S LAST NAME							FI	S L A	NO. MILES		NO. TRIPS	
02	615	0869	1001							0511		117.00		N			R		
02	615	0869	1001							0512		216.00		N			R		
02	615	0869	1001							0513		163.80		N			R		
02	615	0869	1001							0514		3.69		N			R		
02	615	0870	1001							0511		117.00		N					
02	615	0870	1001							0512		216.00		N					
02	615	0870	1001							0513		163.80		N					
06	615	0870	1001							0514		3.69		N					
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