



AGENCY VOUCHER NUMBER

C.G. WARRANT NUMBER

## STATE OF SOUTH CAROLINA

AGENCY TRANSFERRED TO (CR)

NAME
ADDRESS

AGENCY TRANSFERRED FROM (DR)

NAME
ADDRESS

### JOURNAL VOUCHER

**TO REQUESTING AGENCY:**

**This form must be supported with documentation including the reason**

**FROM:**

FM	TRANS CODE	AGCY NO	MINI CODE	SUB-FUND CODE	SUB SIDIARY ACCOUNT NO	ENCUMBRANCE 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
<b>TOTAL</b>															

**TO:**

FM	TRANS CODE	AGCY NO	MINI CODE	SUB-FUND CODE	SUB SIDIARY ACCOUNT NO	ENCUMBRANCE 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
<b>TOTAL</b>															

REASON FOR ENTRY: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_