

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

AGENCY VOUCHER NUMBER

0023

AGENCY TRANSFERRED TO (CR)

NAME

MENTAL HEALTH

ADDRESS

STATE OF SOUTH CAROLINA

INTRA INTERDEPARTMENTAL TRANSFER

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

C.G. WARRANT NUMBER

AGENCY TRANSFERRED FROM (DR)

NAME

MENTAL HEALTH

NAME

NAME

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 _____
STARS FORM 40 10/1/80