

AGENCY VOUCHER NUMBER

CHECK IF SPECIAL TYPE

☐ VENDOR TRAVEL

☐ DESCRIPTIVE RECORDS

☐ LISTING ATTACHED

STATE OF SOUTH CAROLINA

VOUCHER

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

COMPTROLLER GENERAL'S WARRANT NUMBER

AGENCY NO

AGENCY NAME

DATE

FY

PAYEE

VENDOR NO / SOCIAL SECURITY NO

VS

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 therefore by the State of South Carolina.

STREET ADDRESS

VENDOR REFERENCE NO

C C D CODE

CITY COUNTY DISTRICT NAME

CITY

STATE

ZIP

CHECK NUMBER

AMOUNT

SIGNATURE

DATE

OFFICIAL TITLE

DATE

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	M O D	PROJECT NUMBER	PH	AGENCY REFERENCE	OBJECT CODE	D E T A I L	TRANSACTION AMOUNT	MULTI- PURPOSE CODE	TRAVEL			C R G	CG USE ONLY		
								S L N	NO MILES					NO TRIPS						
				SOCIAL SECURITY NUMBER			TRAVELER'S LAST NAME F1 MI													
STARS FORM 60 10/1/80										TOTAL			C G AUDITOR _____							

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

DEPARTMENT