

AGENCY VOUCHER NUMBER

STATE OF SOUTH CAROLINA VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

20

CIRCLE IF SPECIAL TYPE

1. VENDOR TRAVEL
2. DESCRIPTIVE RECORD
3. LISTING ATTACHED

1	2	3
4	5	6

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

21	22	23	24	
<small>AGENCY NO</small>	<small>AGENCY NAME</small>	<small>DATE</small>	<small>FY</small>	
25	26	27	28	29
<small>PAYEE</small>	<small>VENDOR NO / SOCIAL SECURITY NO</small>	<small>V/S</small>	<small>1099</small>	
28	29	30	31	32
<small>STREET ADDRESS</small>	<small>VENDOR REFERENCE NO</small>	<small>C C D CODE</small>	<small>CITY COUNTY DISTRICT NAME</small>	<small>SIGNATURE</small>
28	29	30	31	32
<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>	<small>CHECK NUMBER</small>	<small>AMOUNT</small>

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.

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			CG R	CG USE ONLY
												SLN	NO MILES	NO TRIPS		
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																

STARS FORM 60 10/1/80

TOTAL

33

C G AUDITOR

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

DEPARTMENT