

AGENCY NUMBER <b>1</b>	AGENCY BATCH NUMBER <b>2</b>	OBJECT CODE HASH TOTAL <b>3</b>	TOTAL BATCH AMOUNT <b>4</b>	BATCH DATE <b>5</b>	BATCH NUMBER <b>6</b>	DOCUMENT <b>7</b>	4
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## STATE OF SOUTH CAROLINA

AGENCY VOUCHER NUMBER

**9**

C.G. WARRANT NUMBER

**32**

AGENCY TRANSFERRED TO (CR)

NAME **10**

ADDRESS

AGENCY TRANSFERRED FROM (DR)

NAME **11**

ADDRESS

### INTERDEPARTMENTAL TRANSFER

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

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
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	
TOTAL												<b>28</b>	<b>29</b>			

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
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	
TOTAL												<b>28</b>	<b>29</b>			

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 **30** OFFICIAL TITLE **30** DATE **30** C.G. AUDITOR **31**