

| | | | | | | |
|---------------|---------------------|------------------------|--------------------|------------|--------------|----------|
| AGENCY NUMBER | AGENCY BATCH NUMBER | OBJECT CODE HASH TOTAL | TOTAL BATCH AMOUNT | BATCH DATE | BATCH NUMBER | DOCUMENT |
|---------------|---------------------|------------------------|--------------------|------------|--------------|----------|

4

AGENCY VOUCHER NUMBER

STATE OF SOUTH CAROLINA

C.G. WARRANT NUMBER

AGENCY TRANSFERRED TO (CR)

| |
|---------|
| NAME |
| ADDRESS |
| |

INTERDEPARTMENTAL TRANSFER

AGENCY TRANSFERRED FROM (DR)

| |
|---------|
| NAME |
| ADDRESS |
| |

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 | ENCUMBRANCE NO | M 0 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 |
|--------------|------------|---------|-----------|---------------|------------------------|----------------|-------------|--------------|-----------------------|-------------------------|-------------|----------------------------|--------------------|--------------------|-------------|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | |

TO: _____

| FM | TRANS CODE | AGCY NO | MINI CODE | SUB FUND CODE | SUB-SIDIARY ACCOUNT NO | ENCUMBRANCE NO | M 0 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 |
|--------------|------------|---------|-----------|---------------|------------------------|----------------|-------------|--------------|-----------------------|-------------------------|-------------|----------------------------|--------------------|--------------------|-------------|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | |

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 _____