AGENCY VOUCHER NUMBER

CIRCLE IF SPECIAL TYPE
1. VENDOR TRAVEL
2. DESCRIPTIVE RECORD
3. 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

1 2 3

4 5 6

52

AGENCY NO | AGENCY NAME | DATE | FY

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.

PAYEE | VENDOR NO / SOCIAL SECURITY NO | V/S | 1099

STREET ADDRESS | VENDOR REFERENCE NO | C C D CODE | CITY COUNTY DISTRICT NAME | SIGNATURE | DATE

CITY | STATE | ZIP | CHECK NUMBER | AMOUNT $ | OFFICIAL TITLE

	FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT / SOCIAL SECURITY NUMBER	ENCUMBRANCE NUMBER	MOD / TRAVELER'S LAST NAME	PROJECT CODE	PH	AGENCY REFERENCE / FI	MI	OBJECT CODE	DETAIL	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL SLN	TRAVEL NO MILES	TRAVEL NO TRIPS	CGR	CG USE ONLY	
1	50	51	53	54	55	56	57	59	60	61		62	63	64	65	67	71	71	72	73	74
2						66			68	69	70			64		67	71	71			
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
												TOTAL									

STARS FORM 60 10/1/80

C G AUDITOR

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

DEPARTMENT