

AGENCY VOUCHER NUMBER

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

STATE OF SOUTH CAROLINA
JOURNAL VOUCHER VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

P32

DEVELOPMENT BOARD

8/25/99

AGENCY NO

AGENCY NAME

DATE

FY

JOHN M. SMITH

260278116

S

PAYEE

VENDOR NO SOCIAL SECURITY NO

VS

1099

JOHN M. SMITH

260278116

S

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 therefor by the State of South Carolina.

STREET ADDRESS

VENDOR REFERENCE NO

C C D CODE

CITY COUNTY DISTRICT NAME

SIGNATURE

DATE

CITY

STATE

ZIP

CHECK NUMBER

AMOUNT

OFFICIAL TITLE

\$0

| FM | TRANS CODE | MINI CODE | SUB FUND CODE | SUBSIDIARY ACCOUNT | ENCUMBRANCE NUMBER | H O D | PROJECT CODE | PH | AGENCY REFERENCE | OBJECT CODE | D E T A I L | TRANSACTION AMOUNT | MULTI PURPOSE CODE | TRAVEL | | | C G R | CG USE | | |
|-------|---------------|--------------|---------------------|------------------------|-----------------------|-------------|----------------------|----|---------------------|----------------|----------------------------|-----------------------|--------------------------|--------|--|--|-------------|-------------|--------------|--------------|
| | | | | SOCIAL SECURITY NUMBER | | | TRAVELER'S LAST NAME | | | | | | | FI | | | | S L N | NO. MILES | NO. TRIPS |
| 02 | 220 | 0805 | 1001 | | 1560 | | | | | 0599 | | 125.00 | | S | | | | R | | |
| 02 | 220 | 0805 | 1001 | | 1650 | | | | | 0599 | | 125.00 | | S | | | | | | |
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| TOTAL | | | | | | | | | | 1198 | | 250.00 | C G AUDITOR | | | | | | | |