

AGENCY VOUCHER NUMBER

4184-C

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:

R36  
AGENCY NO

LABOR DEPARTMENT  
AGENCY NAME

8/24/00  
DATE

FY

JOHN L. GREEN  
PAYEE

425147819  
VENDOR NO SOCIAL SECURITY NO

S  
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.

1414 SOUTH ST.  
STREET ADDRESS

VENDOR REFERENCE NO

C C D CODE

CITY COUNTY DISTRICT NAME

SIGNATURE

DATE

CAMDEN  
CITY

SC  
STATE

29020  
ZIP

CHECK NUMBER

\$0  
AMOUNT

OFFICIAL TITLE

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	S 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 ONLY		
				SOCIAL SECURITY NUMBER			TRAVELER'S LAST NAME							FI	S L A	NO. MILES		NO. TRIPS		
02	615	0869	1001							0501		37.00		S			R			
02	615	0869	1001							0504		74.57		S	292		R			
02	615	0869	1001							0502		207.00		S			R			
02	615	0870	5109							0501		37.00		S						
02	615	0870	5109							0504		74.57		S	292					
02	615	0870	5109							0502		207.00		S						
TOTAL											3014		637.14	C G AUDITOR						