

AGENCY VOUCHER NUMBER

STATE OF SOUTH CAROLINA JOURNAL VOUCHER VOUCHER

COMPTROLLER GENERAL'S WARRANT NUMBER

4184-C
<small>CIRCLE IF SPECIAL TYPE</small> 1. VENDOR TRAVEL 2. DESCRIPTIVE RECORD 3. LISTING ATTACHED

To THE COMPTROLLER GENERAL,

The attached bills are approved for payment as follows:

R36 LABOR DEPARTMENT 8/24/00
AGENCY NO AGENCY NAME DATE FY

JOHN L. GREEN 425147819 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.

1414 SOUTH ST. _____ _____ _____
STREET ADDRESS VENDOR REFERENCE NO C C D CODE CITY COUNTY DISTRICT NAME

CAMDEN SC 29020 **\$0** _____
CITY STATE ZIP CHECK NUMBER AMOUNT SIGNATURE DATE

FM	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	SOCIAL SECURITY NUMBER	PROJECT CODE	PH	AGENCY REFERENCE	OBJECT CODE	TRANSACTION AMOUNT	MULTI PURPOSE CODE	TRAVEL			C G R	CG USE ONLY
													NO. MILES	NO. TRIPS			
1	02	615	0869	1001						0501	37.00		S			R	
2	02	615	0869	1001						0504	74.57		S	292		R	
3	02	615	0869	1001						0502	207.00		S			R	
4	02	615	0870	5109						0501	37.00		S				
5	02	615	0870	5109						0504	74.57		S	292			
6	02	615	0870	5109						0502	207.00		S				
7																	
8																	
9																	
10																	
11																	

STARS FORM 60 10/1/80 _____ **3014** **637.14** C G AUDITOR _____
TOTAL

TO PAYEE The attached check is in payment of (To be filled in by Department) **REASON: TO CORRECT MINI CODE & SUBFUND ON TRAVEL VOUCHER. SEE ATTACHED COPY OF ORIGINAL VOUCHER.** *Robert White, Controller* 8/24/00 _____
DEPARTMENT