

AGENCY NUMBER 1	AGENCY BATCH NUMBER 2	OBJECT CODE HASH TOTAL 3	TOTAL BATCH AMOUNT 4	BATCH DATE 5	BATCH NUMBER 6	DOCUMENT 7 4
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AGENCY VOUCHER NUMBER
9

AGENCY TRANSFERRED TO (CR)

NAME **10**

ADDRESS

STATE OF SOUTH CAROLINA

C.G. WARRANT NUMBER
32

AGENCY TRANSFERRED FROM (DR)

NAME **11**

ADDRESS

INTERDEPARTMENTAL TRANSFER

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	ENCUM BRANCE NO	M O 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
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
TOTAL												28	29		

TO _____

FM	TRANS CODE	AGCY NO	MINI CODE	SUB FUND CODE	SUB SIDIARY ACCOUNT NO	ENCUM BRANCE NO	M O 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
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
TOTAL												28	29		

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 **30** OFFICIAL TITLE **30** DATE **30** C.G. AUDITOR **31**