

CASHIER SUB -- VOUCHER REGISTER

A DOCUMENT IDENTIFICATION		2 CASHIER'S SOCIAL SECURITY NUMBER	3. PERIOD COVERED FROM	TO	4 AGENCY NAME	5 AGENCY CODE	6 PAGE OF
							OF

B SUB -- VOUCHER CLASSIFICATION

1 SUB-VOUCHER NUMBER	2 DATE		3 VENDOR'S NAME	4 ACCOUNTING CLASSIFICATION										4 OBJECT CLASS		5 AMOUNT	
				SCS	FIN PROJ	CLS CODE	STATE CHARG'D	STATE WORKED	AREA	FIELD OFFC	FIPS CTY CODE	PROJECT NUMBER					
	FS	APRN		ST	ACCOUNT		FUNCTION	SUB-FUNCT	SUB-UNIT	PROJECT NUMBER							
	MO	DAY		A	B	C	D	E		2	2	5	2				
1				5	10	5	3	4	1	4	1	2	2	2	5	2	
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C AUTHORIZATION								
1 SIGNATURE	2 DATE	3 PHONE (Area Code and Number)					TOTAL	
			<input type="checkbox"/> Commercial		<input type="checkbox"/> FTS			