



Things to Remember When Filling Out Your Travel Voucher

ALL TRAVEL VOUCHERS SHOULD BE DOWNLOADED FROM THE CRS WEBSITE AND EDITED IN ADOBE ACROBAT FOR AUTOFILLING AND ACCURACY. <https://www.ilcrs.com/vouchers>

STATE OF ILLINOIS

Form C-10 Revised 01/2026

Travel Voucher

Court Reporting Services
325 W. Adams St., Room 307
Springfield, IL 62704
Travel@ilcrs.com

AGENCY NOTE: ALL TRAVEL LISTED MUST BE WITHIN THE SAME CALENDAR MONTH.

Agency Name and Address

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.

1. Social Security Number	XXX-XX-1234	3. Voucher No.
2. Traveler Name and Address - Payee		4. Voucher Date
LAST NAME FIRST NAME MIDDLE INITIAL		5. Appropriation Account Code
OR BUSINESS NAME		0802-36065-1900-0000
REPORTER, COURT		6. Headquarters: City/State/County
123 MAIN STREET		Anytown, IL (County)
ANYTOWN, IL 00000		7. Residence: City/State/County
		Anytown, IL (County)

8. Date	9. Departed From	10. Arrived At	11. Auto Mileage	12. Auto Reimb.	13. Trans	14. Lodging	15. Meals or Per Diem	16. Other Expenses	17. Line Totals
	Place Time (AM/PM)	Place Time (AM/PM)						Item Amount	
1/2 2026			\$0.725						
1/2	Anytown, IL 7:00 AM	Other City, IL 8:00 AM	70	50.750					50.750
1/2	Other City, IL 12:00 PM	Anytown, IL 1:00 PM	70	50.750					50.750

18. Exp. Obj.	19. Amount	20. CFDA No.	21. State License Plate Number	22.	23.	24.	25.	26.	SUB TOTALS	27.	28.
1284				140.0	101.500						101.500
1291	0.00										
1295	101.50										
28. Total Exp.	101.50										

30. Purpose of Travel
Court Reporting Duties

31.-Traveler Comments/Explanations

29. Total Amount 101.50

This certifies that the travel shown above was required by the official duties of the traveler named to my personal knowledge, or as indicated by records submitted to me. If applicable, the reporting requirements of section 5.1 of the Governor's Office of Management and Budget Act have been met.

I certify that, in accordance with Section 12 of "An Act in Relations to State Finance," the above amount is correct and just; that the detailed items charged for subsistence were actually paid; that the expenses were occasioned by official business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was performed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof for any part of the journey therein charged for.

Signature 1/31/26
Division Head, Supt., Chief Date
Approved-Agency Head Date

Signature 1/31/26
Traveler Signature Date

Box 1

Box 1 requires at least the last 4 digits of your SSN.

Box 2

Box 2 requires your name (format: **Last, First**) and address.

Boxes 6 & 7

Boxes 6 & 7 require the locations of your Headquarters and Residence (format: **City, State (County)**). Per Diem Reporters will use their Residence for both boxes.

Box 8

Box 8 requires the travel year and full dates of each travel day. Only one month's travel is allowed per voucher.

Boxes 9 & 10

Boxes 9 & 10 require your travel locations (format: **City, State**), as well as your travel time with the proper AM/PM designations.

Boxes 11 & 12

Box 11 requires accurate mileage. This can be taken from Google Maps. Box 12 will autofill with the correct total when edited in Adobe.

Box 17

Box 17 requires each line's total and will autofill in Adobe.

Boxes 18 & 19

Box 18 has the Object Code for the totals. Mileage totals fall under 1295. Any non-mileage totals fall under 1291. Box 19 will autofill in Adobe.

Boxes 22 & 23

Boxes 22 & 23 will autofill in Adobe. Box 22 is the Mileage Total. Box 23 is the Reimbursement Total.

Boxes 27, 28, & 29

Boxes 27, 28, & 29 should autofill in Adobe, and should all be equal to the total reimbursement amount.

Box 30

Box 30 requires the reason for travel. Acronyms are not allowed. Reporters will use **Court Reporting Duties**, and Supervisors will use **Court Reporting Supervisor Duties** unless for a more specific reason (such as a Seminar). Multiple reasons can be used with the dates specified.

ALL TRAVEL VOUCHERS REQUIRE SIGNATURES.

The Traveler should sign under **Traveler Signature**, and the Supervisor or Chief Judge should sign under **Division Head**.

For all travel inquiries

email: travel@ilcrs.com
phone: Josey • 217-299-4311 (call/text)