STATE OF ILLINOIS

Form C-10 Revised 01/2025

Travel Voucher

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

Court Reporting Services
325 W. Adams St., Room 307
Springfield, IL 62704

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-

2. Traveler Name and Address - Payee
LAST NAME FIRST NAME MIDDLE INITIAL
OR BUSINESS NAME

3. Voucher No.

4. Voucher Date

5. Appropriation Account Code: 0802-36065-1900-0000

6. Headquarters

7. Residence

8. Date	9. Departed From		10. Arrived At		11. Auto Mileage $0.70	12. Auto Reimb.	13. Trans	14. Lodging	15. Meals or/ Per Diem	16. Other Expenses		17. Line Totals
	Place	Time	Place	Time						Item	Amount	

18. Exp. Obj.	19. Amount	20. CFDA No.	21. State License Plate Number	22.	23.	24.	25.	26.	SUB TOTALS	27.	
1264											
1291											
1295											
28. Total Exp.											

31. Traveler Comments/Explanations

29. Total Amount _____

30. Purpose of Travel

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.

Division Head, Supt., Chief — Date

Approved-Agency Head — Date

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 occassioned 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.

Traveler Signature — Date