

Travel Voucher

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

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 _____	3. Voucher No. _____
	2. Traveler Name and Address - Payee LAST NAME FIRST NAME MIDDLE INITIAL OR BUSINESS NAME	
	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 \$0.655	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.											

30. Purpose of Travel	31. Traveler Comments/Explanations 29. Total Amount _____
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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.

Division Head, Supt., Chief Date

Traveler Signature Date

Approved-Agency Head Date