

ILLINOIS DEPARTMENT OF HUMAN SERVICES

- 1 Comptroller
2 Remittance
3 Agency
4 Agency
5 Traveler

Agency Name and Address

For Agency Use Only

Payment of Interest may be available if the State fails to comply with the II Prompt Payment Act, 30 ILCS 540.

ORG:

SPGM:

GFY:

CCTR:

1. Social Security Number

2. Traveler Name and Address - Payee

LAST NAME	FIRST NAME	MIDDLE INITIAL
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3. Voucher Number

4. Voucher Date	
-----------------	--

5. Appropriation Account Code Number

6. Headquarters

7. Residence

[illegible]

18. Exp. Obj.	19. Amount	20. CFDA No.	21. State License Plate Number	22.	23.	24.	25.	26.	SUB TOTALS	27.	
1264				31. Traveler Comments/Explanations						29. Total Amount	""
1291											
1292											
28. Total Exp.											

30. Purpose of Travel

31. Traveler Comments/Explanations	
------------------------------------	--

29. Total Amount

111

Transportation Sub-Objects

Airline	AL
Auto Rental	AR
Bus	BS
Train	TR

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 _____

Approved-Agency Head

Date _____

Traveler Signature

Date _____

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8. Date	9. Departed From		10. Arrived At		11. Auto Mileage @ 0.55 per mile	12. Auto Reimbursement	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.	
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Division Head, Supt., Chief

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Traveler Signature

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Travel Voucher

Disposition of Copies

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					6. Headquarters	
				7. Residence		

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Division Head, Supt., Chief _____ Date _____

Approved-Agency Head

Date

Traveler Signature

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