

# Travel Voucher

Disposition of Copies

**ILLINOIS DEPARTMENT OF HUMAN SERVICES**

- 1 Comptroller
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- 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	3. Voucher Number 4. Voucher Date 5. Appropriation Account Code Number 6. Headquarters 7. Residence
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8. Date	9. Departed From		10. Arrived At		11. Auto Mileage @ 0.55	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. 1264	19. Amount		20. CFDA No		21. State License Plate Number	22.	23.	24.	25.	26.	SUB TOTALS	27.		
1291					31. Traveler Comments/Explanations							<b>29. Total Amount</b>		""
1292														
28. Total Exp.														

**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.

Division Head, Supt., Chief \_\_\_\_\_ 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 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.

Approved-Agency Head \_\_\_\_\_ Date \_\_\_\_\_ Traveler Signature \_\_\_\_\_ Date \_\_\_\_\_