

Travel Voucher

Control No. _____
SUBA _____
SUB SUBA _____

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

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS

3. Voucher No. _____

4. Voucher Date _____

5. Appropriation Account Code
001-20101-1900-9900

6. Headquarters _____

7. Residence _____

8. Date	9. Departed From		10. Arrived At		11. Auto Mileage	12. Auto Reimbursement	13. Trans	14. Lodging	15. Meals or/ Per Diem	16. Other Expenses		17. Line Totals
	Place	Time	Place	Time	\$0.560					Item	Amount	

18. Exp. Obj.	19. Amount	20. CFDA No.	21. State License Plate Number	22.	23.	24.	25.	26.	27.
1264									
1291									
1292									
1295									
28. Total Exp.									

<p>30. Purpose of Travel</p> <div style="background-color: #ffffcc; height: 100px; width: 100%;"></div>	<p>31. Traveler Comments/Explanations</p> <p>TRAVELER CERTIFIES THAT SHE/HE IS DULY LICENSED AND CARRIES AT LEAST THE MINIMUM AUTO LIABILITY INSURANCE COVERAGE</p> <div style="background-color: #ffffcc; height: 100px; width: 100%;"></div>
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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.

<p>Division Head, Supt., Chief _____ Date _____</p> <p>Approved-Agency Head _____ Date _____</p>	<p>Traveler Signature _____ Date _____</p>
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