



Roland W. Burris

Comptroller
State of Illinois

ACCOUNTING BULLETIN NO. 58

June 29, 1987

201 State House
Springfield, Illinois 62706
217/782-6000

TO: Agency Heads and Chief Fiscal
Officers of All State Agencies

SUBJECT: Contractual Services Employees - State Contribution to Medicare
Payments

Beginning with any payments made on voucher form CO-2 for Fiscal Year 1988, the State's contribution to medicare must be included on the voucher. Exhibit I is a copy of the redesigned CO-2 voucher. Line 8a is for the expenditure authority account from which the State's contribution to medicare is to be paid and also for the detail object code which is to be placed in parenthesis after the account number in the format xxx-xxxxx-xxxx-xx-xx(xxxx). Line 8b is where the amount of the State's contribution to medicare is to be entered.

The redesigned voucher form CO-2 is not yet available, so each agency that processes FY1988 CO-2 vouchers will have to modify the existing form until the new ones are available from the Department of Central Management Services. This can be done by entering the State's contribution to medicare expenditure authority account number, detail object code and amount in box 8. Exhibit II demonstrates the format to be used. Agencies should continue to follow previous procedures in making state contribution to medicare payments from FY1987 appropriations.

The procedure for processing the employee's contribution to medicare will not change.

Questions regarding this bulletin should be referred to Brenda Drabant at (217) 782-8279.

Sincerely,

Larry Roth
Director, State Accounting

Printed by authority of the State of Illinois

Job #15860

6/87 - 600 copies

Contractual Service Voucher

STATE OF ILLINOIS

The preparation instructions for payees are on the back of the last copy.

Name and Location of State Agency or Institutions

<p>1. Certification I hereby certify that I have reviewed the withholding instructions on the back of this form and that the number of federal and state exemptions claimed below does not exceed the number to which I am entitled. I further certify that I am in compliance with the provisions of the Illinois Purchasing Act prohibiting conflict of interest (Ill. Rev. Stat. 1981, ch. 127, par. 132.11-1) which is quoted in part on the back of the first copy.</p>	<p>2. Social Security Number</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 5px auto; text-align: center; line-height: 30px;">3</div> <p style="font-size: small;">Place X in block 3 if this is your first request for payment at this address.</p>	<p>5. Voucher No. _____</p> <p>6. Voucher Date _____</p> <p>7. Account Code _____</p> <p>8. Payee Reference XXX-XXXXX-XXXX-XX-XX (XXXX) ▶ \$XX.XX</p>
<p>4. Payee Name - (Last-First-Middle) - and Address</p> <p style="text-align: center; font-size: large;">Expenditure Authority Account with Detail Object Code _____ ▶ State's Contribution Amount _____ ▶</p>		
<p>9. Give complete description of services rendered, rate of compensation, period of time covered and expenses incurred.</p>		

Taxable Income	Fed. Ex.	Federal Withholding Tax Amount	Mar. Status	State Ex.	State Tax Code	State Withholding Tax Amount	Ret. Code	Retirement Amount	Code	Amount	Net Earnings
10.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.
11. Non-Taxable Ex.		Expenses: In block 11, enter the amount of non-taxable expenses you incurred for which you are allowed reimbursement under the terms of the contractual agreement.								Enter Amount From Block 11	24.
12.		Payee Warrant -----								Sum of 23 and 24	25.
Enter Sum of 10 and 11		Treasurer, State of Illinois -----								Enter Amount From 14	26.
		----- Illinois Department of Revenue -----								Enter Amount From 18	27.
		Teachers' Retirement System -----								Enter Amount From 20	28.
										Enter Amount From 22	29.
Disposition of Copies			Frequency of Pay								
1. Comptroller 2. Agency 3. Remittance Copy 4. Agency 5. Agency 6. Retained By Payee			Enter 1-If Monthly 2-If Semi-Monthly 3-If Other 4-If Non-Resident Lottery 5-If Non-Resident Commercial 6-Weekly 7-BI-Weekly								
			30.			31.			32.		
									33.		
									34.		

35. For Agency Use Only

Receiving Officer	Date	Clerk
Approved for Payment		
Head of Unit or Authorized Agent		

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred; that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation, approved April 16, 1969, as amended, have been met.

Agency Head (Signature)

Contractual Service Voucher

Preparation instructions for this form are on the back of:
 a. Copy 6 for payee.
 b. Copy 5 for State agency

STATE OF ILLINOIS

Name and Location of State Agency or Institutions

<p>1. Certification I hereby certify that I have reviewed the withholding instructions on the back of this form and that the number of federal and state exemptions claimed below does not exceed the number to which I am entitled. I further certify that I am in compliance with the provisions of the Illinois Purchasing Act prohibiting conflict of interest (Ill. Rev. Stat. 1985, ch. 127, par. 132.11-1) which is quoted in part on the back of the first copy.</p>	<p>2. Social Security Number</p>	<p>3. <input type="checkbox"/> Place X in block 3 if this is your first request for payment at this address.</p>	<p>5. Voucher No. _____</p> <p>6. Voucher Date _____</p> <p>7. Account Code _____</p> <p>8 a. State Cont. to Medicare Acct. # _____</p> <p>8 b. State Cont. to Medicare Amount _____</p>
<p>4. Payee Name — (Last-First-Middle) — and Address</p>			

9. Give complete description of services rendered, rate of compensation, period of time covered and expenses incurred.

Taxable Income	Fed. Ex.	Federal Withholding Tax Amount	Mar. Status	State Ex.	State Tax Code	State Withholding Tax Amount	MC Code	Medicare Amount	Code	Amount	Net Earnings
10.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.
<p>11. Non-Taxable Ex. Expenses: In block 11, enter the amount of non-taxable expenses you incurred for which you are allowed reimbursement under the terms of the contractual agreement.</p>								19.1 Ret.Cd.	20.1 Ret. Amt.	Enter Amount From Block 11	24.

<p>12.</p> <p>Enter Sum of 10 and 11</p>	<p>Payee Warrant _____</p> <p>Treasurer State of Illinois _____</p> <p>Revenue Illinois Department of _____</p> <p>Social Sec Adm Fund Employee _____</p> <p>Teachers' Retirement System _____</p>	<p>Sum of 23 and 24</p> <p>Enter Amount From 14</p> <p>Enter Amount From 18</p> <p>Enter Amount From 20</p> <p>Enter Amount From 20.1</p> <p>Enter Amount From 22</p>
<p>Disposition of Copies</p> <p>1. Comptroller 2. Agency 3. Agency 4. Remittance Copy 5. Agency 6. Retained By Payee</p>		<p>25.</p> <p>26.</p> <p>27.</p> <p>28.</p> <p>28.1</p> <p>29</p>

	<p>Frequency of Pay Enter</p> <p>1-If Monthly 2-If Semi-Monthly 3-If Other 4-If Non-Resident Lottery 5-If Non-Resident Commercial 6-Weekly 7-Bi-Weekly</p>						
30.		31.	32.	33.	34.		

<p>35. For Agency Use Only</p>	<p>36. Split Reporting Indicator</p> <p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;">Certification of Receiving Agency</p> <p>I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred; that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation, approved April 16, 1969, as amended, have been met.</p>
<p>Approved for Payment _____ Date _____</p>		<p>(Date) _____ Agency Head (Signature) _____</p>
<p>Head of Unit or Authorized Agent _____ Date _____</p>		