## **STATE OF ILLINOIS** Form C-10 Revised 1/1/2023

## **Travel Voucher**

Disposition of Copies

- 1 Comptroller
- 2 Traveler
- 3 Agency

4	Agency
5	Traveler

4 Agency 5 Traveler						Agency N	lame a	nd Ad	ldress				-							
PAYMENT	OF INTERI	1. Social S	Social Security Number										3. Voucher No.							
AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE				2. Travelei	2. Traveler Name and Address - Payee LAST NAME FIRST NAME MIDDLE INITIAL									4. Voucher Date						
PROMPT PAYMENT ACT, 30 ILCS 540.			LASTIVAN	5. Appropriation Account Code																
													6. Hea	adqua	arters					
													7. Res	siden	ce.					
8. Date	9. Departed	1 From	10. Arrived	14.				15. Meals 16. Other Expenses 17. L						Lino						
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30. Purpose						-														
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	D	ivision Head	I, Su <sub>l</sub>	ot., Chief			С	ate	there	of for	any par	t of the	e journe	y there	ein charged for.					
Approved-Agency Head Date										e Traveler Signature Date										