Print Form

STATE OF ILLINOIS
Form C-10 Revised 1/1/2019

Travel Voucher

Disposition of Copies

1 Comptroller
2 Traveler
3 Agency
4 Agency
5 Traveler

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

2. Traveler Name and Address - Payee
LAST NAME FIRST NAME MIDDLE INITIAL

3. Voucher No.

4. Voucher Date

5. Appropriation Account Code

6. Headquarters

7. Residence

8. Date	9. Departed From		10. Arrived At		11. Auto Mileage @$0.580	12. Auto Reimburse-ment	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
1264			
1291			
1292			
1295			
28. Total Exp.			

22.	23.	24.	25.	26.	SUB TOTALS	27.

29. **Total Amount** _____

30. Purpose of Travel

31. Traveler Comments/Explanations

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

Approved-Agency Head — 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.

Traveler Signature — Date