

**STATEWIDE
ACCOUNTING
MANAGEMENT
SYSTEM**

SAMS MANUAL

**** PROCEDURE BULLETIN ****

Procedure Bulletin Number 88

Date: June 1, 2017

Effective Date: July 1, 2017

Material Transmitted: 5, 7, 9, 11, 15, 17, 19, 20, 21, 23, 25, 26, 27, 31 and 33

Purpose: The purpose of this revision is to (1) inform the agencies of revised procedures, (2) make certain procedures are clearer through revision and exhibits and (3) issue revised charts and other listings which reflect current codes and descriptions.

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REMOVE

Contact Listing

05.50.01 31-32 of 36

07.30.20 1 of 1

09.10.40 13-14 of 15

Exhibits 09.10.40-A, B, C, D, E and F

Exhibits 09.20.10-A, B and C

Exhibits 09.20.20-A and B

Exhibits 09.20.30-A, B and C

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**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION

PROCEDURE - PAGE NO.

1 of 2

SUB-SECTION

EFFECTIVE DATE

July 1, 2017

PROCEDURE

WHOM TO CONTACT IF YOU HAVE QUESTIONS

REVISION NUMBER

18-001

The following individuals should be contacted if you have questions concerning the contents, procedures, forms, etc., discussed in the SAMS Manual.

<u>SECTION</u>	<u>INDIVIDUAL</u>	<u>TELEPHONE NUMBER</u>
01 – Introduction	Matt Ciotti	785-6257
02 – Internal Controls	Matt Ciotti	785-6257
03 – Accounting and Financial Reporting Policies and Procedures	Katie Madonia	782-5198
05 – Terminology	Matt Ciotti	785-6257
07 – Financial Information	Matt Ciotti	785-6257
09 – Funds	Jake Poeschel	524-5772
Petty Cash	Greg Winhold	558-3984
11 – Expenditure Authority	Thwyla Drury	782-3608
Appropriation/Expenditure Transfers	Jake Poeschel	524-5772
Detail Object Corrections	Kathleen Killion	782-4106
Reversions	Kathleen Killion	782-4106
15 – Obligations	Sally Gosda	785-0009
	Thwyla Drury	782-3608
17 – Pre-Audit & Commercial Vouchering	Karla Grigsby	557-3376
	Thwyla Drury	782-3608
19 – Vendor Identification Structure	Karla Grigsby	557-3376
	Thwyla Drury	782-3608
20 – Electronic Commerce	Scott Stauder	782-9969
	Kathleen Killion	782-4106

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION

PROCEDURE - PAGE NO.
2 of 2

SUB-SECTION

EFFECTIVE DATE
July 1, 2017

PROCEDURE WHOM TO CONTACT IF YOU HAVE QUESTIONS

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18-001

<u>SECTION</u>	<u>INDIVIDUAL</u>	<u>TELEPHONE NUMBER</u>
21 – Warrants	Richard Damron Kathleen Killion	785-1128 782-4106
23 – Payroll	Katie Rutherford Mike Sterner	782-4758 782-4196
Contractual Service Vouchers	Katie Rutherford	782-4758
Retirement	Katie Rutherford	782-4758
FICA/Medicare	Mike Sterner	782-4196
25 – Receipts and Cash Refunds	Kathleen Killion	782-4106
26 – Receivables Reporting	Katie Madonia	782-5198
Claims in Favor of the State Procedures	Carla Huffman	782-8290
27 – Agency Reporting	Katie Madonia	782-5198
29 – State Property Reporting	Katie Madonia	782-5198
31 – Bonded Indebtedness	Tim Burch	558-4811
33 – Miscellaneous:		
University Imprest System	Greg Winhold	558-3984
Locally Held Fund Reporting	Katie Madonia	782-5198
Tax Expenditure Reporting	Aimee Ayers-Mansfield	524-6198
Fee Imposition Reporting	Javier Cazares	785-6253
Service Efforts and Accomplishments Reporting	Stephanie Blair	785-6261

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	TERMINOLOGY	PROCEDURE - PAGE NO. 05.50.01 31 of 36
SUB-SECTION	REFERENCE	EFFECTIVE DATE July 1, 2015
PROCEDURE	DEFINITION OF TERMS	REVISION NUMBER 16-001

- a. Externally imposed by creditors (such as through debt covenants), grantors, contributors or laws or regulations of other government, or
- b. Imposed by law through constitutional provisions or enabling legislation.

Revenue Additions to assets which do not increase any liability or represent the recovery of an expenditure and/or the cancellation of liabilities without a corresponding increase in other liabilities or a decrease in assets.

Revenue Bonds Obligations secured by a pledge of income from assets constructed or acquired. Revenue bonds are not supported by the full faith and credit of the reporting entity. The bond indentures include a pledge from the issuing agencies and authorities that income derived from acquired or constructed assets be used to retire the debt and related interest.

SAMS Comptroller's Statewide Accounting Management System.

SAMS Coordinator-Agency Agency official to which all SAMS Manuals, procedure bulletins and other SAMS material are sent. This individual has responsibility for distributing them in his/her agency.

SAMS Coordinator-Comptroller's Comptroller's official responsible for maintenance, revision and distribution coordination of the SAMS Manual and other SAMS material with all State agencies.

Schedule, C-11 Control document used to transmit batches of vouchers with the same fund, appropriation and fiscal year to the Comptroller.

Schedules (1) The explanatory or supplementary statements that accompany the statement of financial position or other principal statements periodically prepared from the accounts; or
(2) A form used to summarize and transmit a group of similar transaction documents, such as invoice-vouchers.

Securities Lending Transactions Transactions in which an agency transfers its securities to broker-dealers and other entities for collateral-which may be cash, securities or letters of credit-and simultaneously agree to return the collateral for the same securities in the future.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION TERMINOLOGY

PROCEDURE - PAGE NO.
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SUB-SECTION REFERENCE

EFFECTIVE DATE
July 1, 2017

PROCEDURE DEFINITION OF TERMS

REVISION NUMBER
18-001

Segment	An activity that has outstanding revenue bonds or other revenue-backed debt and that is reported as or within an enterprise fund or a stand-alone entity that uses enterprise fund accounting and reporting standards. A segment has a specific identifiable revenue stream pledged in support of its debt and has related assets, liabilities, expenses, gains, and losses that can be identified.
Shared Fund	A fund in which more than one State agency is responsible for deposits and/or disbursements to and/or from the fund.
Shared Revenue	A revenue source of the State that is legally required to be shared with another governmental entity based on the enabling legislation. Examples include sales taxes and motor fuel taxes.
Signature Authorization Form	A document used to provide specimen signatures to the Comptroller for persons authorized to sign the agency head approval line on vouchers or contracts.
Site Improvements	The depreciable costs and betterments affixed to land that generally add to its value and functionality. Examples of site improvements include, but are not limited to, temporary structures, access roads, parking lots, fencing, lighting (e.g., lights in parking lots or lights along walkways), tunnels that connect buildings, gas, electricity or steam transmission lines and campsites.
Source Name	A primary source of cash receipts. These sources are at an aggregate level and may or may not be associated with an individual receipt account which is used as the conduit for channeling cash receipts into State Treasury funds (i.e., Cigarette Tax and Sales Tax).
Source Name and Number	Name and number of a receipt source within a fund.
Special Item	A transaction or event within the control of management that is <u>either</u> unusual in nature or infrequent in occurrence.
Special Obligation Bonds	Obligations of the State that are secured by a pledge of a dedicated portion of the State resources (e.g., sales tax, horse racing privilege tax, etc.).
State Agency	See "Agency."

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	FINANCIAL INFORMATION	PROCEDURE - PAGE NO. 07.30.20 1 of 1
SUB-SECTION	OUTPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION REPORTS	REVISION NUMBER 18-001

RECONCILIATION REPORTS

The effectiveness of any accounting and financial information system is very much dependent on the accuracy of data submitted and the confidence of its users that the system handled that data properly. Agency reconciliation is the primary control that insures these requirements are being satisfied. Agencies must reconcile their records to the SAMS system on a monthly basis. This reconciliation must be completed within 60 days of the month end.

A reconciliation to the SAMS system is not applicable for agencies that use SAMS as their system of record. However, agencies shall ensure that their source documents have been properly recorded in SAMS and in the corresponding reports.

The Office of the Comptroller provides each agency which has had activity during the month with up to seven reconciliation reports. These reports are intended to allow the agency to compare its internal records with those of the Comptroller's to insure both parties that the SAMS system is functioning properly and dealing with accurate information. The Comptroller is prepared to work with any agency in resolving discrepancies.

The key reports used for agency reconciliation are:

- Monthly Revenue Status – Report SB04 (See SAMS Procedure 25.40.10)
- (Monthly) Cash Report – Report SB05 (See SAMS Procedure 09.40.10)
- Monthly Appropriation Status – Report SB01 (See SAMS Procedure 11.40.10)
- (Monthly) Obligation Activity Report – Report SC15 (See SAMS Procedure 15.30.20)
- (Monthly) Object Expense/Expenditures By Quarter – Report SA02 (See SAMS Procedure 07.30.21)
- (Monthly) Appropriation Transfer Report – Report SB03 (See SAMS Procedure 07.30.24)
- (Monthly) Agency Contract Report – Report SC14 (See SAMS Procedure 15.30.10)

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	FUNDS	PROCEDURE - PAGE NO.
SUB-SECTION	OVERVIEW	09.10.40 13 of 15
PROCEDURE	STATEMENT OF GENERAL POLICY	EFFECTIVE DATE July 1, 2010
		REVISION NUMBER 11-001

2. Funds with \$5,000 or less reimbursement in a fiscal year.

A Petty Cash Internal Control Certification (Form C-86) must be submitted to the Comptroller's Office for all Petty Cash funds over \$100.00 on a biennial basis. This certification must be prepared by someone other than the custodian. This independent preparer should review sufficient records to support their attestation for each item listed in the certification. This review will suffice for an audit when the petty cash fund has reimbursements of \$5,000 or less in a fiscal year.

DISSOLUTION OF FUNDS

Dissolution of funds may be initiated by the General Assembly, in the case of funds created by statute, or by administering agencies, in the case of Federal Trust Funds, State Trust Funds, temporary trust funds or locally held bank deposits.

Temporary trust funds and bank deposits are automatically dissolved in accordance with the Illinois Compiled Statutes, 30 ILCS 230/2A.2. Authorization for continuance of the fund must be enacted within 30 days of the sine die adjournment of the General Assembly's next regular session or the fund will be dissolved and the remaining money deposited into the General Revenue Fund. For Federal Trust Funds and State Trust Funds, agencies are urged to initiate dissolution procedures when such a fund is no longer needed. Procedure 09.20.20 describes the steps necessary to initiate the dissolution of a fund by an agency.

FUND TRANSFERS

Transfer of monies from one fund to another may only be made under specific statutory authority. The Governor and the Governor's Office of Management and Budget initiate transfers on a regular basis; agencies initiate transfers according to the provisions of the statute authorizing the transfers. Procedure 09.20.30 should be followed when initiating a fund transfer.

NON-APPROPRIATED SPENDING

The current position the State follows regarding "non-appropriated" spending is that "non-appropriated" spending is permissible if the resources and purpose(s) for which they are to be spent were for (1) purposes and/or resources which were not appropriated by the General Assembly, (2) the spending of the resources does not commit the General Assembly to provide State "matching"

STATE OF ILLINOIS
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SECTION	FUNDS	PROCEDURE - PAGE NO.
		09.10.40 14 of 15
SUB-SECTION	OVERVIEW	EFFECTIVE DATE
		January 1, 2006
PROCEDURE	STATEMENT OF GENERAL POLICY	REVISION NUMBER
		06-002

resources, (3) the General Assembly has not specifically denied the purpose, (4) the agency has the statutory authority to carry on the activities of the program and (5) the spending is not required to be appropriated by a specific statute. In addition, "start-up" monies must be provided on an advance basis.

This position was taken by our Office, in lieu of specific guidance from the General Assembly or the Courts to react to State Agencies' need of implementing and operating programs which the General Assembly has not had sufficient time to consider or did not consider in the appropriation process.

Some individuals have expressed a concern regarding "non-appropriated" spending since the Constitution of 1970 states:

"The General Assembly by law shall make appropriations for all expenditures of public funds by the State." (Ill. Constitution, Article VIII, Section 2)

In reviewing the Illinois Compiled Statutes, the only substantive guidance regarding the intent of this Constitutional provision is Section 34 of "An Act in Relation to State Finance," (30 ILCS 105/34), which appears to authorize the State Treasurer to hold in a special fund and the State Comptroller to maintain accounts for such "public fund" which are not subject to appropriation. It states: "All public funds received or held by any State agency as defined in Section 7 of the 'State Comptroller Act' and not subject to appropriation, except funds held or directly administered by a State agency pursuant to (a) any Act in relation to revenue bonds, (b) any bond indenture or other legally binding bond contract, (c) limitations legally imposed by the source of such funds, or (d) another statute, shall be paid over to the State Treasurer within 10 days of their receipt or within such other applicable period as may be specified in rules or regulations promulgated under subsection (b) of Section 2 of 'An Act in relation to the payment and disposition of moneys received by officers and employees of the State of Illinois by virtue of their office or employment,' approved June 9, 1911, as now or hereafter amended, and shall be held by the State Treasurer in a special fund for such agency. The Comptroller shall set up and maintain accounts for such funds as may be appropriate in conformity with the 'State Comptroller Act' and the rules and regulations adopted under the Act. Payments out of such funds shall be made by the Treasurer only upon warrant drawn and presented by the Comptroller in compliance with the 'State Comptroller Act.'" (Emphasis added)

Invoice Voucher

Office of the Comptroller
325 West Adams Street
Springfield, IL 62704

Name and Location of State Agency or Institution

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.	2. Taxpayer Identification Number 123456789	4. Voucher No. <u>325</u> 5. Voucher Date <u>2/1/09</u>
	3. Vendor or Payee LAST NAME FIRST NAME MIDDLE INITIAL OR BUSINESS NAME Doe John Custodian Petty Cash Fund 325 West Adams Street Springfield IL 62706	6. Appropriation Account Code 001-36010-1600-00-00 7. Invoice Number <u>1</u> 8. Invoice Date <u>01/26/09</u>

10. Indicate Beginning and Ending Date of Service and GAAP Code. Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11. Quantity	12. Units	13. Unit Price	14. Amount																											
12/01/08 12/31/08 7500 Reimbursement of Petty Cash Fund as per attached tickets: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Reference</th> <th style="text-align: left;">Vendor</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>Ticket 1</td> <td>J.C. Employee</td> <td style="text-align: right;">\$ 1.25</td> </tr> <tr> <td>Travel Voucher</td> <td>John Doe</td> <td style="text-align: right;">7.75</td> </tr> <tr> <td>Invoice #2735</td> <td>Superior Supply</td> <td style="text-align: right;">8.15</td> </tr> <tr> <td>Ticket 2</td> <td>Andy Stevens</td> <td style="text-align: right;">7.40</td> </tr> <tr> <td>Ticket 3</td> <td>Sharp's Service</td> <td style="text-align: right;">9.50</td> </tr> <tr> <td>Invoice #33927</td> <td>Ace Hardware</td> <td style="text-align: right;">46.58</td> </tr> <tr> <td>Invoice #39583</td> <td>Clemen's Lumber</td> <td style="text-align: right;">9.83</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border-top: 1px solid black;">\$ 90.46</td> </tr> </tbody> </table>	Reference	Vendor	Amount	Ticket 1	J.C. Employee	\$ 1.25	Travel Voucher	John Doe	7.75	Invoice #2735	Superior Supply	8.15	Ticket 2	Andy Stevens	7.40	Ticket 3	Sharp's Service	9.50	Invoice #33927	Ace Hardware	46.58	Invoice #39583	Clemen's Lumber	9.83			\$ 90.46				90.46
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		\$ 90.46																													

18. Exp. Obj	19. Exp. Amount	20. CFDA No.		15. Subtotal	
1201	90.46				
			22. Obligation No.	23. Payment Amount	90.46
				16. Discount / Deduction	
21. Total Exp.	90.46		24. Total Payment Amount	17. Total Amount	90.46

25. For Agency Use Only

Approved for Payment

Receiving Officer _____ Date _____ Clerk _____

Head of Unit or Authorized Agent _____ Date _____

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 the Governor's Office of Management and Budget Act have been met.

2/4/09

Agency Head (Signature) _____



Annual Petty Cash Fund Usage Report

Agency: _____ Fund No.: _____

Address: _____

Location of Fund: _____

Amount of Fund: \$ _____ Date: _____ Telephone No.: _____

<u>Calendar Year 20</u>	<u>Number of Transactions</u>	<u>Amount of Disbursements</u>
January.....	_____	\$ _____
February.....	_____	_____
March.....	_____	_____
April.....	_____	_____
May.....	_____	_____
June.....	_____	_____
July.....	_____	_____
August.....	_____	_____
September.....	_____	_____
October.....	_____	_____
November.....	_____	_____
December.....	_____	_____
Total.....	=====	\$ =====

Petty Cash Turnover Rate:

Annual Disbursements	\$ _____	=	_____	Turnover Rate
Dollar Level	\$ _____			

Signature of Custodian

Signature of Responsible Official



Annual Petty Cash Fund Usage Report

Agency: Department of XYZ Fund No.: 000148542

Address: 325 N. First Street, Springfield, IL 62702

Location of Fund: 325 N. First Street, Rm. 200, Springfield, IL 62702

Amount of Fund: \$ 200 Date: 2/14/2004 Telephone No.: 217/782-1234

<u>Calendar Year 20</u>	<u>Number of Transactions</u>	<u>Amount of Disbursements</u>
January.....	<u>20</u>	<u>\$ 100.00</u>
February.....	<u>10</u>	<u>100.00</u>
March.....	<u>10</u>	<u>50.00</u>
April.....	<u>10</u>	<u>150.00</u>
May.....	<u>30</u>	<u>140.00</u>
June.....	<u>40</u>	<u>100.00</u>
July.....	<u>20</u>	<u>84.00</u>
August.....	<u>30</u>	<u>116.00</u>
September.....	<u>50</u>	<u>130.00</u>
October.....	<u>30</u>	<u>198.00</u>
November.....	<u>40</u>	<u>100.00</u>
December.....	<u>20</u>	<u>42.00</u>
Total.....	<u>310</u>	<u>\$ 1,310.00</u>

Petty Cash Turnover Rate:

Annual Disbursements	\$	1,310.00		=	<u>6.55</u>		Turnover Rate
Dollar Level	\$	200					

Signature of Custodian

Signature of Responsible Official



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Change of Custodianship or Location Petty Cash or Change Fund

State Comptroller

AGENCY NAME

00000012342

FUND NUMBER

	OLD INFORMATION	NEW INFORMATION
Name	John Doe	Sally Sommer
Address	325 W. Adams St.	325 W. Adams St.
City, State and Zip Code	Springfield, IL 62704	Springfield, IL 62704

(PLEASE PRINT OR TYPE)

Analysis of Fund at Date of Transfer

Cash on Hand \$ 25.00

Cash in Bank \$ 200.00

Voucher(s) in Transit 75.00

Total in Fund..... \$ 300.00

Approved Level of Fund..... \$ 300.00

The undersigned hereby certify that the above statement of Petty Cash Information is true and accurate.

SIGNATURE OF FORMER CUSTODIAN

DATE

SIGNATURE OF CURRENT/SUCCESSOR CUSTODIAN

DATE



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Change of Custodianship or Location Petty Cash or Change Fund

AGENCY NAME

FUND NUMBER

	OLD INFORMATION	NEW INFORMATION
Name		
Address		
City, State and Zip Code		

(PLEASE PRINT OR TYPE)

Analysis of Fund at Date of Transfer

Cash on Hand \$ _____

Cash in Bank \$ _____

Voucher(s) in Transit _____

Total in Fund..... \$ _____

Approved Level of Fund..... \$ _____

The undersigned hereby certify that the above statement of Petty Cash Information is true and accurate.

SIGNATURE OF FORMER CUSTODIAN

DATE

SIGNATURE OF CURRENT/SUCCESSOR CUSTODIAN

DATE

Petty Cash Internal Control Certification

Agency Name _____
Agency Number _____
Approved Amount _____
FY Audit Performed _____

Petty Cash Fund Number _____
Custodian _____
Location _____

1. An Application to Establish or Dissolve a Fund (Form C-68) and the Survey of Need for a Petty Cash Fund has been completed and filed with the State Comptroller's Office.
2. The custodian presently in-charge of the fund is the same as the individual listed above. Also, the amount of the fund agrees with the amount authorized by the State Comptroller's Office and indicated above. (See Item 17).
- 3.* A Petty Cash Usage Report (Form C-18) has been timely filed with the State Comptroller's Office for a fund exceeding \$100.
- 4.* A fund which exceeds \$100 is turning over approximately six times during the calendar year.
- 5.* The petty cash fund, if maintained in a bank or savings and loan association or trust company is maintained in a federally insured organization.
- 6.* The cash-on-hand or in the bank plus the vendor's invoices/petty cash vouchers plus reimbursement vouchers in transit equals the authorized amount of the petty cash fund.
- 7.* The fund is kept separate and apart from daily receipts and other authorized petty cash funds.
- 8.* Someone other than the custodian approves reimbursements to the fund.
- 9.* The bank has been notified, in writing, not to accept checks payable to your Agency.
- 10.* Cash advances were not made from the fund. Also, no personal checks were cashed by the fund.
- 11.* Payments for \$100 or more are not being made from the fund, and there is not stringing of payments to avoid normal voucher processing.
- 12.* Payments from the fund are restricted to award and grant and conventional operational line items purposes.
- 13.* All expenditures from the petty cash fund paid during the current fiscal year are reimbursed before the end of lapse period.
- 14.* Vendor invoices or statements are secured for each expenditure showing date, amount, description of the purchase (or a petty cash voucher with same information) and retained in a petty cash file.
- 15.* A petty cash fund which is maintained in whole or in part in a checking account is reconciled monthly with the bank statement.
16. Someone other than the custodian maintaining the fund reconciles the fund monthly.
17. All changes made to the custodianship and location of the petty cash fund are reported to the State Comptroller's Office using the Change of Custodianship form (C-85).
- 18.* The cash on hand never exceeded \$100 at anytime.
- 19.* The reimbursement checks for the fund are made payable to the custodian.
- 20.* There is a notation of payment made on the face of the vendor invoices to prevent reuse of the invoices.
- 21.* All expenditures from the petty cash fund can be traced to either an employee who approved payment or to the recently purchased asset for verification as to the validity of the transaction.
22. The petty cash fund checkbook and/or cash is properly safeguarded during and after working hours.
23. Audits of the cash fund are done by someone independent of the fund and are on file in the administering agency.
- 24.* If 1099 reportable payments are made from the fund, 1099 forms are issued.
- 25.* If 1099 information returns are issued, they are issued using the agency's own payer's federal identification number.

I certify that the above petty cash internal controls are in effect or remedies have been made to correct deficiencies noted.

(Independent Person Authorized by Agency)

Date



APPLICATION TO ESTABLISH
OR DISSOLVE A FUND

Agency: _____ (1) Date: _____ (2)

Address: _____ (1)

Official Name of Fund: _____ (3)
(4)

Fund Creation Fund Dissolution Petty Cash/Change Fund Increase/Decrease

Type of Fund

(5) Legislatively Created (6) State Trust Fund (7) Federal Trust Fund (8) Locally Held Trust Fund
 (9) Temporary Locally Held Trust Fund or Bank Deposit (10) Petty Cash Fund (11) Change Fund

Statute: _____ (5)

Questions Applicable to All Funds

- Purpose of Fund: _____ (12)
- Sources of Receipts: _____ (13)
- Purposes of Disbursements: _____ (14)
- Length of Time Fund Required: _____ (15)
- Requested Effective Date: _____ (16)

Questions Applicable to Locally Held, Petty Cash and Change Funds

- Who is Accountable for Fund: _____ (17)
- Are Persons Handling Moneys Bonded? (18) Explain: _____ (18)
- Location of Fund: _____ (19)
- If Petty Cash Fund: Amount of Petty Cash Requested: _____ (20)
Petty Cash Fund Number of Custodian: _____ (21)

Questions Applicable to All Fund Dissolutions

- Current Fund Balance: _____
- Disposition of Remaining Balance: _____

Signature of Agency Head (22) Date (23) Telephone Number (23)

FUND AUTHORIZATION

Approval Granted Approval Denied Fund Number: _____

Fund Name: _____

Comptroller Date



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

APPLICATION TO ESTABLISH
OR DISSOLVE A FUND

Agency: Department of XYZ Date: July 1, 2005

Address: 325 N. First Street, Springfield, IL 62702

Official Name of Fund: Federal Systems Fund

(4)
 Fund Creation Fund Dissolution Petty Cash/Change Fund Increase/Decrease

Type of Fund

Legislatively Created State Trust Fund Federal Trust Fund Locally Held Trust Fund
 Temporary Locally Held Trust Fund or Bank Deposit Petty Cash Fund Change Fund

Statute: _____

Questions Applicable to All Funds

- Purpose of Fund: To deposit Federal monies to improve state accounting system
- Sources of Receipts: Federal Government - GAP.43.000; One time grant
- Purposes of Disbursements: For technical accounting research staff
- Length of Time Fund Required: 3 years - July, 2008
- Requested Effective Date: September 1, 2005

Questions Applicable to Locally Held, Petty Cash and Change Funds

- Who is Accountable for Fund: _____
- Are Persons Handling Moneys Bonded? _____ Explain: _____
- Location of Fund: _____
- If Petty Cash Fund: Amount of Petty Cash Requested: _____
Petty Cash Fund Number of Custodian: _____

Questions Applicable to All Fund Dissolutions

- Current Fund Balance: _____
- Disposition of Remaining Balance: _____

Signature of Agency Head July 1, 2005 (217) 782-1234
Date Telephone Number

FUND AUTHORIZATION

Approval Granted Approval Denied Fund Number: _____
Fund Name: _____

Comptroller Date



APPLICATION TO ESTABLISH
OR DISSOLVE A FUND

Agency: _____ (1) Date: _____ (3)

Address: _____ (1)

Official Name of Fund: _____ (2)

Fund Creation Fund Dissolution (4) Petty Cash/Change Fund Increase/Decrease

Legislatively Created (5) State Trust Fund (6) Federal Trust Fund (7) Locally Held Trust Fund (8)
 Temporary Locally Held Trust Fund or Bank Deposit (9) Petty Cash Fund (10) Change Fund (11)

Statute: _____ (5)

Questions Applicable to All Funds

- Purpose of Fund: _____
- Sources of Receipts: _____
- Purposes of Disbursements: _____
- Length of Time Fund Required: _____
- Requested Effective Date: _____

Questions Applicable to Locally Held, Petty Cash and Change Funds

- Who is Accountable for Fund: _____
- Are Persons Handling Moneys Bonded? _____ Explain: _____
- Location of Fund: _____
- If Petty Cash Fund: Amount of Petty Cash Requested: _____
Petty Cash Fund Number of Custodian: _____

Questions Applicable to All Fund Dissolutions

- Current Fund Balance: _____ (12)
- Disposition of Remaining Balance: _____ (13)

Signature of Agency Head (14) Date (15) Telephone Number (16)

FUND AUTHORIZATION

Approval Granted Approval Denied **Fund Number:** _____
Fund Name: _____

Comptroller Date



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

**APPLICATION TO ESTABLISH
 OR DISSOLVE A FUND**

Exhibit 09.20.20-B
 (13-001)

Agency: Department of XYZ Date: October 31, 2004

Address: 325 N. First Street, Springfield, IL 62702

Official Name of Fund: Federal Systems Fund = #680

Fund Creation Fund Dissolution Petty Cash/Change Fund Increase/Decrease

Type of Fund

Legislatively Created State Trust Fund Federal Trust Fund Locally Held Trust Fund
 Temporary Locally Held Trust Fund or Bank Deposit Petty Cash Fund Change Fund

Statute: _____

Questions Applicable to All Funds

1. Purpose of Fund: _____
2. Sources of Receipts: _____
3. Purposes of Disbursements: _____
4. Length of Time Fund Required: _____
5. Requested Effective Date: _____

Questions Applicable to Locally Held, Petty Cash and Change Funds

6. Who is Accountable for Fund: _____
7. Are Persons Handling Moneys Bonded? _____ Explain: _____
8. Location of Fund: _____
9. If Petty Cash Fund: Amount of Petty Cash Requested: _____
 Petty Cash Fund Number of Custodian: _____

Questions Applicable to All Fund Dissolutions

10. Current Fund Balance: \$1,000
11. Disposition of Remaining Balance: Return to Federal Accounting Office

John Doe - Director 10/31/04 (217) 782-1234
 Signature of Agency Head Date Telephone Number

FUND AUTHORIZATION

Approval Granted Approval Denied **Fund Number:** _____
Fund Name: _____

 Comptroller Date



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

FUND TRANSFER NOTIFICATION

Agency
Doc No.
Date
Oper Code

7	9	9	IOC Use Only				T	R	I	N

Agency _____ (1) Date _____ (2)
 Address _____ (3)
 Contact _____ (4) Phone _____ (4)

Transfer Information

- Initiate Fund Transfer (5)
- Suspend Fund Transfer

Fund No. Fund Name

Transfer From (6) _____ (7)

Transfer To (8) _____ (9)

Amount of Transfer \$ _____ (10) **Comptroller's Use Only**

Transfer From Identifier: _____ (11)

Requested Date of Transfer _____ (12)

Statutory Authority _____ (13)

Additional Information: _____ (14)

 (15) Authorized Official (15) Title

Comptroller's Use Only

- Processed
- Returned, See Attached Letter

 Signature Title Date Telephone No.



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

FUND TRANSFER NOTIFICATION

Agency	7	9	9	IOC Use Only	T	R	I	N
Doc No.								
Date								
Oper Code								

Agency Department XYZ Date July 1, 2008

Address 104 32nd Street, Springfield IL 62703

Contact Jane Doe Phone 782-9100

Transfer Information

- Initiate Fund Transfer
- Suspend Fund Transfer

Fund No.	Fund Name
Transfer From <u>0 1 2 3</u>	<u>General Business Fund</u>
Transfer To <u>0 0 0 1</u>	<u>General Revenue Fund</u>

Amount of Transfer \$ 50,000.00

Comptroller's Use Only

--	--	--	--	--	--	--	--	--	--	--	--

Transfer From Identifier: 360EXCESS

Requested Date of Transfer 07/05/08

Statutory Authority 30 ILCS 163/5.421

Additional Information:

John Jones Director
Authorized Official Title

Comptroller's Use Only

- Processed
- Returned, See Attached Letter

Signature Title Date Telephone No.



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

FUND TRANSFER NOTIFICATION

Agency _____
Doc No. _____
Date _____
Oper Code _____

7	9	9	IOC Use Only			T	R	I	N

Agency _____ Date _____

Address _____

Contact _____ Phone _____

Transfer Information

Initiate Fund Transfer

Suspend Fund Transfer

Fund No.

Fund Name

Transfer From

Transfer To

Amount of Transfer \$ _____

Comptroller's Use Only

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Transfer From Identifier: _____

Requested Date of Transfer _____

Statutory Authority _____

Additional Information:

Authorized Official

Title

Comptroller's Use Only

Processed

Returned, See Attached Letter

Signature

Title

Date

Telephone No.



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency _____ Date _____
Address _____
Attention _____

I. Receipt Account Add Delete Estimated Annual Receipts _____
Account Code _____ Receipts to be deposited into Fund No. _____
Fund Name _____
Sources of Receipts _____

II. Expenditure Authority Account Organizational Unit
 Add Delete Add Delete
Account _____ Account _____
Expenditures subject to Control based on:
a) Receipts Yes No If yes, give Receipt Account Number _____
b) Allotments Yes No
c) Other (please specify) _____
Expenditures to be made from Fund No. _____ Fund Name _____
Suggested Expenditure Authority Account Code _____

III. Detail Expenditure Object Add Delete Inquiry
Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.

Signature: _____ Title _____ Date _____
_____ Telephone _____
Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
Changed By _____ Date _____



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency _____ (1) Date _____ (2)
 Address _____ (3)
 Attention _____ (4)

I. Receipt Account (5) Add Delete (6) Estimated Annual Receipts _____ (7)
 Account Code _____ Receipts to be deposited into Fund No. _____ (8)
 Fund Name _____ (8)
 Sources of Receipts _____ (9)

II. Expenditure Authority Account Organizational Unit
 (10) Add Delete (11) Add Delete
 Account _____ Account _____

Expenditures subject to Control based on:
 (12) a) Receipts Yes No If yes, give Receipt Account Number _____
 (12) b) Allotments Yes No
 (12) c) Other (please specify) _____

Expenditures to be made from Fund No. _____ (13) Fund Name _____ (13)
 Suggested Expenditure Authority Account Code _____ (14)

III. Detail Expenditure Object Add Delete Inquiry
 Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.

 _____ (15)

Signature: _____ (16) Title _____ (17) Date _____ (18)
 _____ (19) Telephone _____ (20)
 Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object		
Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
 Changed By _____ Date _____



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency Illinois Office of the Comptroller Date 6/15/04
 Address 201 State House, Springfield, IL 62704
 Attention I. M. Money

I. Receipt Account Add Delete Estimated Annual Receipts \$45,000.00
 Account Code _____ (Optional) Receipts to be deposited into Fund No. 0001
 Fund Name General Revenue
 Sources of Receipts Owners of bicycles

II. Expenditure Authority Account Organizational Unit
 Add Delete Add Delete
 Account _____ Account _____
 Expenditures subject to Control based on:
 a) Receipts Yes No If yes, give Receipt Account Number _____
 b) Allotments Yes No
 c) Other (please specify) _____
 Expenditures to be made from Fund No. _____ Fund Name _____
 Suggested Expenditure Authority Account Code _____

III. Detail Expenditure Object Add Delete Inquiry
 Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.

The 93rd General Assembly has passed and the Governor signed into law HBxxxx, which requires all bicycle owners to purchase license plates for their bicycles. There is no existing receipt account to classify this source of receipts.

Signature: _____ (Signature of Agency Official) Title (Official Title) Date XX/XX/XX
 _____ (Printed or typed name) Telephone (XXX)XXX-XXXX
 Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object		
Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
 Changed By _____ Date _____



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency Illinois Office of the Comptroller Date 4/12/05
 Address 201 State House, Springfield, IL 62704
 Attention I. M. Money

I. Receipt Account Add Delete Estimated Annual Receipts _____
 Account Code 360-950-012-001 Receipts to be deposited into Fund No. _____
 Fund Name _____
 Sources of Receipts _____

II. Expenditure Authority Account Organizational Unit
 Add Delete Add Delete
 Account _____ Account _____
 Expenditures subject to Control based on:
 a) Receipts Yes No If yes, give Receipt Account Number _____
 b) Allotments Yes No
 c) Other (please specify) _____
 Expenditures to be made from Fund No. _____ Fund Name _____
 Suggested Expenditure Authority Account Code _____

III. Detail Expenditure Object Add Delete Inquiry
 Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.
 The 94th General Assembly has repealed Public Act 93-XXXX requiring bicycle owners to purchase license plates for their bicycles. This receipt account will no longer be used.

Signature: _____ Title _____ Date XX/XX/XX

 (Printed or typed name) Telephone (XXX)XXX-XXXX
 Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
 Changed By _____ Date _____

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	FUNDS	PROCEDURE - PAGE NO. 09.40.30 1 of 5
SUB-SECTION	CONTROL PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY CASH REPORT ENDING BALANCE OF AVAILABLE CASH	REVISION NUMBER 18-001

RECONCILIATION OF MONTHLY CASH REPORT-
ENDING BALANCE OF AVAILABLE CASH

PURPOSE

The purpose of this procedure is to describe one method which can be used to reconcile the ending balance of available cash per the agency's records with the ending balance of available cash per the Statewide Accounting Management System (SAMS) maintained by the Comptroller's Office. Agencies with access to SAMS automated records may perform alternate reconciliation methods. This reconciliation must be performed monthly and the Comptroller's Office notified of any unreconcilable differences so that the necessary corrective action can be taken to locate the differences and correct the accounting records. This reconciliation must be completed within 60 days of the month end.

A reconciliation to the SAMS system is not applicable for agencies that use SAMS as their system of record. However, agencies shall ensure that their source documents have been properly recorded in SAMS and in the corresponding reports.

GENERAL

This procedure should be read in conjunction with SAMS Procedure 09.40.10 which defines each field in the monthly Cash Report and the abbreviations used in the report

The reconciliation of the ending balance of available cash shown in the monthly Cash Report should be prepared subsequent to the reconciliation of the unexpended appropriation balances shown in the Monthly Appropriation Status Report (SAMS Procedure 11.40.10) and the fiscal year-to-date revenue source accounts per the Monthly Revenue Status Report (SAMS Procedure 25.40.10). The total of the reconciling items for the ending available cash of a fund should be equal to the total of the cash reconciling items for the revenue source accounts and appropriation accounts associated with a fund.

The appropriation and revenue source account reconciliations along with the monthly Cash Report (SAMS Procedure Exhibit 09.40.10-A) should enable an agency to reconcile the ending balance of available cash.

In addition to other information, the monthly Cash Report presents Commercial payments by the "payment voucher range". A voucher range coincides with the day the voucher was processed.

Most differences between agency records and the Statewide Accounting Management System (SAMS) will be due to timing differences or uncleared cash items. Timing differences occur when the agency records a transaction before that transaction was recorded by SAMS. Uncleared cash items occur when SAMS records a revenue or an expenditure even though cash has not physically moved into or out of a fund.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	FUNDS	PROCEDURE - PAGE NO. 09.40.30 2 of 5
SUB-SECTION	CONTROL PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY CASH REPORT ENDING BALANCE OF AVAILABLE CASH	REVISION NUMBER 18-001

The ending balance of available cash (14) (refer to SAMS Procedure Exhibit 09.40.10-A) in SAMS is affected only by cash transactions. It is important to remember that SAMS will recognize a revenue or an expenditure even though cash has not physically moved into or out of a fund. Agencies, on the other hand, will decrease their cash balance for payment vouchers submitted and increase it for receipts transmitted. This timing will have implications for the reconciliation process. Revenue and expenditure transactions may no longer be reconciling items for the appropriation status report and revenue status report but, the cash affect of the transactions may not have occurred. Where the cash affect of a particular transaction has not occurred, the item will still be a reconciling item for the cash report.

The most frequent example of this will be payment vouchers that charge a "cash managed" fund. When SAMS processes a payment voucher, it recognizes an expenditure, decreases the appropriation and, establishes a vouchers payable. At the time the related warrant is written, vouchers payable is relieved and cash is decreased. For "cash managed" funds, there could be a lag between expenditure recognition and warrant writing. The expenditure will not be marked with a "D" on the Appropriation Status Report. When the cash for those transactions is cleared, the "PV" will appear on the cash report. In the case of an Intergovernmental Payment voucher (IGPV), the PV will be displayed on the Cash Report along with the Journal Voucher (JV) that moved the cash. IGPV's are generally used to make warrantless payments to revolving funds.

The reconciliation process must recognize and accommodate these differences. A listing of items that have not cleared cash can be developed in conjunction with the open item files discussed for the appropriation status and revenue status reports.

The ending balance of available cash (14) (refer to SAMS Procedure Exhibit 09.40.10-A) in the Comptroller's statewide accounting system is affected by cash transactions. For example, the issuance of warrants will decrease the cash balance - not the recognition of an expenditure. The unexpended appropriation balance maintained by the agencies is affected by expenditure recognition (the vouchering process). The reconciliation process suggested recognizes and accommodates this difference, when used in conjunction with the open item files discussed in relation to the Monthly Appropriation Status Report (SAMS Procedure 11.40.20) and the Monthly Revenue Status Report (SAMS Procedure 25.40.20).

UNEXPENDED FUND BALANCE PER THE MONTHLY FUND LEDGER

For each fund maintained in the statewide accounting system, the following key data elements are maintained.

1. Ending Balance Cash Available = Beginning Balance Cash Available +/- Current Period Activity
2. Current Period Activity = Receipts + Refunds + Transfers-in - Transfers-out + IGPV Seller - IGPV Buyer ± Other - Commercial Payments + Warrants Voided

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	FUNDS	PROCEDURE - PAGE NO. 09.40.30 3 of 5
SUB-SECTION	CONTROL PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY CASH REPORT ENDING BALANCE OF AVAILABLE CASH	REVISION NUMBER 18-001

RECONCILING THE REPORT

When preparing the reconciliation, the ending balance of available cash and transaction data should be as of the date of the monthly Cash Report. The suggested method for reconciling the ending balance of available cash (14) on the monthly Cash Report is as follows:

- Step 1. For each fund, compare the ending balance of available cash per the agency's records as of the date of this report to the ending balance of available cash (14) per the monthly "Cash Report". If there is a difference, the difference should be equal to the sum of the in-transit transactions and uncleared cash items.
- Step 2. Accumulate, by type of transaction, the in-transit items and uncleared cash items per the revenue source account reconciliation and the appropriation account reconciliations.
 - a. The agency ending balance of available cash +/- intransit items +/- uncleared cash items = the ending balance of available cash per the monthly Cash Report.
 - b. Ending balance of available cash per the agency, as of the report date
 - Less: in-transit receipts, refunds, transfers-in and warrants voided
 - Add: in-transit transfers-out
 - Add: payment vouchers recorded by the agency that have not been processed
 - Add: payment vouchers that have been processed, but the warrant has not been issued
 - Add: intergovernmental payment vouchers that have been processed, but a journal voucher has not yet moved the cash
 - Add/subtract: Other
 - Equals: Ending balance of available cash per the monthly Cash Report.
- Step 3. If the sum of the in-transit and uncleared cash items does not account for the total difference between the ending balance of available cash per the agency and per the monthly Cash Report, review the receipt account and appropriation account reconciliations. Perform the following steps in relation to these reconciliations.
 - a. Assure yourself all receipt accounts and all appropriation accounts of the fund are included.
 - b. Assure yourself all reports and reconciliations are of the same "as of" date.

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SECTION	FUNDS	PROCEDURE - PAGE NO. 09.40.30 4 of 5
SUB-SECTION	CONTROL PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY CASH REPORT ENDING BALANCE OF AVAILABLE CASH	REVISION NUMBER 18-001

RECONCILIATION EXCEPTION NOTIFICATION

The monthly Cash Report must be reconciled within 60 days of the month end to ensure the early detection and correction of errors. To facilitate this reconciliation, a Reconciliation Exception Notification (SAMS Procedure Exhibit 09.40.30-A) is provided to the agency. The form is intended to assist the agency in reporting discrepancies found through their reconciliation process.

CONTENTS: (Refer to SAMS Procedure Exhibit 09.40.30-B)

<u>REFERENCE</u>	<u>CONTENTS</u>
(1)	Check the Cash box.
(2)	Complete the month and fiscal year of the report being reconciled.
(3)	Indicate, by checking the appropriate box, the type of exception. <ol style="list-style-type: none">If the agency has charged a voucher to the wrong expenditure account or fiscal year, this box should be checked. The agency should attach an Expenditure Transfer Request and a copy of the voucher in question.If the agency detects a voucher which has been entered incorrectly onto the SAMS system, this box should be checked. The agency should attach an Expenditure Transfer Request, and a copy of the voucher.If the agency notes that a warrant has been issued for the wrong amount, the Comptroller's Accounting Section (782-3426) should be contacted immediately.If an agency has credited a cash refund to a wrong expenditure account, fiscal year, or detail object, this box should be checked. The agency should attach a letter requesting the correction with a reasonable explanation and include a copy of the original voucher.If the agency has cited a wrong receipt account code on the Receipts Deposit Transmittal (C-64), this box should be checked. The agency should attach a letter requesting a receipt transfer with a reasonable explanation and a copy of the erroneous transmittal.

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REFERENCE

CONTENTS

- f. If the agency has processed a refund as a receipt in error, this box should be checked. The agency should attach a letter requesting a receipt reversal with a reasonable explanation and a completed expenditure adjustment transmittal (C-63).
- g. If an adjustment is noted that is not identified in the prior exceptions, attach an explanation of the adjustment needed and any pertinent information.
- h. If an adjustment is noted which cannot be identified by the agency, attach any information which could be pertinent. The Comptroller's Office will contact the agency to rectify the problem.

- (4) Agency Name Complete the official agency name.
- (5) Agency Number Three-digit Comptroller-assigned agency code.
- (6) Authorized Responsible agency person completing the Signature reconciliation.
- (7) Date Date completing reconciliation.
- (8) Telephone Telephone number of person completing the Number reconciliation.

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<u>ILCS</u>	<u>SECTION</u>	<u>FUND NUMBER</u>	<u>FUND NAME</u>	<u>ADMINISTERING AGENCY</u>
30	105/5.653	0228	Autism Research Checkoff	Human Services
30	105/5.688	0469	Autoimmune Disease Research	Public Health
30	105/5.79	0795	Bank and Trust Company	Financial and Professional Regulation
30	105/5.684	0464	Boy Scout and Girl Scout	Secretary of State
30	105/5.455	0214	Brownfields Redevelopment	Environmental Protection Agency
30	105/5.542	0686	Budget Stabilization	Comptroller
30	105/5.148 & 6z-9	0960	Build Illinois	Treasurer
30	105/5.857	0215	Capital Development Board Revolving	Capital Development Board
25	130/8A-35	0149	Capitol Restoration Trust	Architect of the Capitol
30	105/5.329	0344	Care Provider Fund for Persons with a Developmental Disability	Human Services
30	105/5.646	0208	Carolyn Adams Ticket For The Cure Grant	Revenue
30	105/5.270	0109	CDLIS/AAMVAnet/NMVTIS Trust (Commercial Driver’s License Information System/American Association of Motor Vehicle Administrators Network/National Motor Vehicle Title Information Service Trust)	Secretary of State
30	105/5.775	0792	Cemetery Oversight Licensing and Disciplinary	Financial and Professional Regulation
30	105/5.776	0833	Cemetery Relief	Financial and Professional Regulation

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30	105/5.697	0435	Charitable Trust Stabilization	Treasurer
30	105/5.510	0567	Charter Schools Revolving Loan	State Board of Education
30	105/5.788	0639	Chicago Police Memorial Foundation	Secretary of State
30	105/5.830 & 6z-98	0223	Chicago State University Education Improvement	Chicago State University
30	105/5.810	0624	Chicago Travel Industry Promotion	Metropolitan Pier and Exposition Authority
30	105/5.147	0934	Child Abuse Prevention	Children and Family Services
820	154	0493	Child Bereavement	Labor
30	105/5.306	0357	Child Labor and Day and Temporary Labor Services Enforcement	Labor
30	105/5.548	0757	Child Support Administrative	Healthcare and Family Services
30	105/6z-97 & 105/5.821	0172	Childhood Cancer Research	Public Health
30	105/6z-94 & 105/5.824	0178	Children’s Wellness Charities	Human Services
415	5/39.5(18d)	0091	Clean Air Act Permit	Environmental Protection Agency
30	105/5.394	0147	Coal Mining Regulatory	Natural Resources
30	105/5.139	0925	Coal Technology Development Assistance	Commerce and Economic Opportunity
30	105/5.787	0644	Commitment to Human Services	
30	105/5.742	0829	Community Association Manager Licensing and Disciplinary	Financial and Professional Regulation

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<u>ILCS</u>	<u>SECTION</u>	<u>FUND NUMBER</u>	<u>FUND NAME</u>	<u>ADMINISTERING AGENCY</u>
30	105/5.20	0047	Fire Prevention	State Fire Marshal
30	105/5.598	0572	Fire Truck Revolving Loan	Illinois Finance Authority
30	105/5.229	0260	Fish and Wildlife Endowment	Natural Resources
30	105/5.352	0014	Food and Drug Safety	Public Health
30	105/5.768	0891	Foreclosure Prevention Program	Illinois Housing Development Authority
30	105/5.831	0119	Foreclosure Prevention Program Graduated	Illinois Housing Development Authority
30	105/5.487	0597	Foreign Language Interpreter	Supreme Court
30	105/5.770	0915	4-H	Secretary of State
30	105/5.764	0867	Fraternal Order of Police	Secretary of State
30	105/5.498 & 6z-47	0611	Fund for Illinois' Future	Various Agencies
30	105/5.786	0640	Fund for the Advancement of Education	
30	105/5.297	0155	General Assembly Computer Equipment Revolving	Legislative Information System/ Legislative Reference Bureau
30	105/5.269	0196	General Assembly Operations Revolving	General Assembly
30	105/5.242	0107	General Obligation Bond Rebate	Treasurer
30	105/5.370	0022	General Professions Dedicated	Financial and Professional Regulation
30	105/5.866	0409	George Bailey Memorial	Insurance
30	105/5.562	0753	Golden Apple Scholars of Illinois	Student Assistance Commission
30	105/5.605	0555	Good Samaritan Energy Trust	Healthcare and Family Services

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30	105/5.124	0947	Governor's Grant	Governor
30	105/5.368	0025	Group Home Loan Revolving	Human Services
30	105/5.138	0739	Group Workers' Compensation Pool Insolvency	Financial and Professional Regulation
30	105/5.262	0297	Guardianship and Advocacy	Guardianship and Advocacy Commission
30	105/5.84	0828	Hazardous Waste	Environmental Protection Agency
30	105/5.88	0840	Hazardous Waste Research	Environmental Protection Agency
30	105/5.621	0365	Health and Human Services Medicaid Trust	Healthcare and Family Services
30	105/5.466	0524	Health Facility Plan Review	Public Health
30	105/5.109	0907	Health Insurance Reserve	Central Management Services
30	105/5.755 & 6z-81	0793	Healthcare Provider Relief	Healthcare and Family Services
30	105/5.878	0507	Healthy Local Food Incentives	Human Services
30	105/5.713	0654	Healthy Smiles	Public Health
30	105/5.132	0938	Hearing Instrument Dispenser Examining and Disciplinary	Public Health
30	105/5.640	0135	Heartsaver AED	Public Health
30	105/5.612	0206	Help Illinois Vote	State Board of Elections
30	105/5.798	0659	Historic Property Administrative	Commerce and Economic Opportunity
30	105/5.650	0287	Home Care Services Agency Licensure	Public Health

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30	105/5.558	0746	Home Inspector Administration	Financial and Professional Regulation
20	2405/5b	0120	Home Services Medicaid Trust	Human Services
30	105/5.492	0632	Horse Racing	Revenue
30	105/5.577	0586	Hospice	Public Health
30	105/5.659	0284	Hospital Basic Services Preservation	Treasurer
30	105/5.858	0068	Hospital Licensure	Public Health
305	5/5A-6	0346	Hospital Provider	Healthcare and Family Services
30	105/6z-95 & 105/5.825	0181	Housing for Families	Human Services
30	105/5.703 & 6z-71	0474	Human Services Priority Capital Program	Human Services
30	105/5.736	0706	Hunger Relief	Human Services
30	105/5.616	0350	ICCB Federal Trust	Illinois Community College Board
30	105/5.652	0070	ICCB Instructional Development and Enhancement Applications Revolving	Illinois Community College Board
20	3930/10.2	0184	ICJIA Violence Prevention	Criminal Justice Information Authority
30	105/5.754	0596	Illiana Expressway Proceeds	Transportation
30	105/5.511	0638	Illinois Adoption Registry and Medical Information Exchange	Public Health
30	105/5.275	0286	Illinois Affordable Housing Trust	Revenue/Illinois Housing Development Authority
30	105/5.560	0754	Illinois AgriFIRST Program	Agriculture

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30	105/5.473	0570	Illinois and Michigan Canal	Natural Resources
30	105/5.563	0744	Illinois Animal Abuse	Agriculture
30	105/5.163	0973	Illinois Capital Revolving Loan	Commerce and Economic Opportunity
30	105/5.321	0549	Illinois Charity Bureau	Attorney General
30	105/5.597	0731	Illinois Clean Water	Environmental Protection Agency
30	105/5.340	0339	Illinois Community College Board Contracts and Grants	Illinois Community College Board
30	105/5.371	0024	Illinois Department of Agriculture Laboratory Services Revolving	Agriculture
30	105/5.801 & 8q	0532	Illinois Department of Corrections Parole Division Offender Supervision	Corrections
30	105/5.733	0800	Illinois EMS Memorial Scholarship and Training	Secretary of State
30	105/5.164	0974	Illinois Equity	Commerce and Economic Opportunity
30	105/5.435	0510	Illinois Fire Fighters' Memorial	Secretary of State/State Fire Marshal
30	105/5.828	0199	Illinois Fisheries Management	Natural Resources
30	105/5.115	0905	Illinois Forestry Development	Natural Resources
30	105/5.201	0085	Illinois Gaming Law Enforcement	Revenue
30	105/5.339	0391	Illinois Habitat	Natural Resources
30	105/5.213	0238	Illinois Health Facilities Planning	Public Health
30	105/5.156	0538	Illinois Historic Sites	Historic Preservation Agency
30	105/5.822	0169	Illinois Independent Tax Tribunal	Illinois Independent Tax Tribunal

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30	105/5.457	0537	State Offender DNA Identification System	State Police
30	105/5.78	0782	State Parking Facility Maintenance	Secretary of State/Comptroller
30	105/5.53	0040	State Parks	Natural Resources
30	105/5.54	0054	State Pensions	Various Agencies
30	105/5.305	0353	State Pheasant	Natural Resources
30	105/5.414	0222	State Police DUI	State Police
30	105/5.852	0209	State Police Firearm Services	State Police
30	105/5.820	0166	State Police Merit Board Public Safety	State Police Merit Board
30	105/5.778 & 6z-82	0817	State Police Operations Assistance	State Police
30	105/5.112	0906	State Police Services	State Police
30	105/5.783 & 8p	0846	State Police Streetgang-Related Crime	State Police
30	105/5.413	0246	State Police Vehicle	State Police
30	105/5.664	0328	State Police Vehicle Maintenance	State Police
740	175/8	0705	State Police Whistleblower Reward and Protection	State Police
30	105/5.530 & 8.37	0637	State Police Wireless Service Emergency	State Police
30	105/5.168	0265	State Rail Freight Loan Repayment	Transportation
30	105/5.342	0373	State Treasurer's Bank Services Trust	Treasurer

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30	105/5.761	0852	State’s Attorneys Appellate Prosecutor Anti-Corruption	State’s Attorneys Appellate Prosecutor
30	105/5.71	0745	State's Attorneys Appellate Prosecutor’s County	State's Attorneys Appellate Prosecutor
30	105/5.529	0612	Statewide 9-1-1	State Police
210	50/3.117.75	0104	Stroke Data Collection	Public Health
30	105/5.383	0089	Subtitle D Management	Environmental Protection Agency
30	105/5.477	0550	Supplemental Low-Income Energy Assistance	Healthcare and Family Services/Revenue
30	105/5.691	0496	Support Our Troops	Secretary of State
30	105/5.856	0062	Supportive Living Facility	Healthcare and Family Services
30	105/5.686	0428	Supreme Court Historic Preservation	Supreme Court Historic Preservation Commission
30	105/5.844	0030	Supreme Court Special Purposes	Supreme Court
30	105/5.315	0370	Tanning Facility Permit	Public Health
30	105/5.673	0327	Tattoo and Body Piercing Establishment Registration	Public Health
30	105/5.331	0384	Tax Compliance and Administration	Revenue
30	105/5.618 & 6z-59	0310	Tax Recovery	Transportation
30	105/5.375	0016	Teacher Certificate Fee Revolving	State Board of Education
30	105/5.470	0605	Temporary Relocation Expenses Revolving Grant	State Board of Education

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30	105/5.540 & 6z-43	0733	Tobacco Settlement Recovery	Comptroller
30	105/5.610	0241	TOMA Consumer Protection	Financial and Professional Regulation
30	105/5.70	0763	Tourism Promotion	Commerce and Economic Opportunity
30	105/5.30	0879	Traffic and Criminal Conviction Surcharge	Law Enforcement Officers Training and Standards Board
30	105/5.186	0018	Transportation Regulatory	Commerce Commission
30	105/5.574	0589	Transportation Safety Highway Hire-back	Transportation
30	105/5.350	0397	Trauma Center	Public Health/Healthcare and Family Services
30	105/5.397	0331	Treasurer’s Rental Fee	Treasurer
30	105/5.234 & 6z-15	0261	Underground Resources Conservation Enforcement	Natural Resources
30	105/5.192	0072	Underground Storage Tank	Environmental Protection Agency
30	105/5.430	0418	University Grant	Board of Higher Education/ Secretary of State/Illinois Student Assistance Commission
30	105/5.387 & 6z-30	0136	University of Illinois Hospital Services	Healthcare and Family Services
30	105/5.263	0294	Used Tire Management	Environmental Protection Agency
30	105/5.866	0395	U.S.S. Illinois Commissioning	Military Affairs
625	5/13C-50	0963	Vehicle Inspection	Environmental Protection Agency
30	105/5.130	0929	Violent Crime Victims Assistance	Attorney General
30	105/5.766	0885	Wage Theft Enforcement	Labor

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30	105/5.238	0270	Water Revolving	Environmental Protection Agency
30	105/5.355	0163	Weights and Measures	Agriculture
30	105/5.21	0041	Wildlife and Fish	Natural Resources
30	105/5.445 & 6z-41	0504	Wildlife Prairie Park	Natural Resources
30	105/5.531	0613	Wireless Carrier Reimbursement	Commerce Commission
30	105/5.493	0552	Workforce, Technology, and Economic Development	Commerce and Economic Opportunity
30	105/5.838	0307	Working Capital Revolving Loan	Transportation
30	105/5.282	0128	Youth Alcoholism and Substance Abuse Prevention	Human Services
30	105/5.119	0910	Youth Drug Abuse Prevention	Human Services

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ALPHABETIC LISTING OF FUNDS

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20	1920/1.05	0991	Abandoned Mined Lands Reclamation Council Federal Trust	Natural Resources
20	205/205-55	0826	Agriculture Federal Projects	Agriculture
415	5/4(k)	0689	Agriculture Pesticide Control Act	Agriculture
30	105/5.13	0646	Alcoholism and Substance Abuse	Human Services
20	3930/ 7(k)(l)(m)	0988	Attorney General Federal Grant	Attorney General
110	205/9.09	0983	BHE Federal Grants	Board of Higher Education
30	105/5.571	0772	Career and Technical Education	Community College Board
30	750/9-10	0636	Commerce and Community Affairs Assistance	Commerce and Economic Opportunity
30	105/5.143	0875	Community Development/Small Cities Block Grant	Commerce and Economic Opportunity
20	1705/18.5	0142	Community Developmental Disability Services Medicaid Trust	Human Services
30	105/5.145	0876	Community Mental Health Services Block Grant	Human Services
30	105/5.144	0871	Community Services Block Grant	Commerce and Economic Opportunity
20	4010/2003	0131	Council on Developmental Disabilities Federal Trust	Council on Developmental Disabilities
30	105/5.747 & 105/6p-7	0687	Court of Claims Federal Grant	Court of Claims
30	105/5.759 105/6p-8	0843	Court of Claims Federal Recovery Victim Compensation Grant	Court of Claims

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20	3930/7(k)(l)	0488	Criminal Justice Trust	Illinois Criminal Justice Information Authority
20	860/5	0820	DCEO Energy Projects	Commerce and Economic Opportunity
20	505/22	0566	DCFS Federal Projects	Children and Family Services
30	105/34	0673	Department of Insurance Federal Trust	Insurance
820	205/17.5	0724	Department of Labor Federal Trust	Labor
Admin. Created		0592	DHS Federal Projects	Human Services
30	105/34	0408	DHS Special Purpose Trust	Human Services
20	1105/3(6)	0894	DNR Federal Projects	Natural Resources
30	105/5.326	0347	Employment and Training	Human Services
20	605/605-400	0737	Energy Administration	Commerce and Economic Opportunity
805	315/1	0439	Federal Agricultural Marketing Services	Agriculture
20	3305/17	0491	Federal Aid Disaster	Emergency Management
20	3305/17	0497	Federal Civil Preparedness Administrative	Emergency Management
110	947/65.15	0092	Federal Congressional Teacher Scholarship Program	Student Assistance Commission
20	1105/3(6)	0859	Federal Energy	Commerce and Economic Opportunity
20	605/605-855	0726	Federal Industrial Services	Commerce and Economic Opportunity
620	5/40	0095	Federal/State/Local Airport	Transportation

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15	515/1	0853	Federal Mass Transit Trust	Transportation
15	515/1	0343	Federal National Community Services	Human Services
15	515/1	0701	Federal Student Incentive Trust	Student Assistance Commission
110	947/113	0663	Federal Student Loan	Student Assistance Commission
30	105/5.324	0333	Federal Support Agreement Revolving	Military Affairs
20	1915/1	0765	Federal Surface Mining Control and Reclamation	Natural Resources
820	405/2100	0052	Federal Title III Social Security and Employment Service	Employment Security
50	740/6	0670	Federal Title IV Fire Protection Assistance	Natural Resources
820	405/2100	0055	Federal Unemployment Compensation Special Administration	Employment Security
15	515/1	0580	Fire Prevention Division	State Fire Marshal
15	515/5	0443	Flood Control Land Lease	Natural Resources
40	5/10-101	0086	Forest Reserve	Natural Resources
30	105/5.674	0394	Gaining Early Awareness and Readiness for Undergraduate Programs	Human Services
20	2805/2	0447	GI Education	Veterans' Affairs
30	105/5.794	0710	Homeland Security Emergency Preparedness Trust	Emergency Management Agency

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15	515/1	0379	ICC Federal Grants Trust	Commerce Commission
30	105/5.552	0692	ICCB Adult Education	Community College Board
20	3915/5	0657	Illinois Arts Council Federal Grant	Illinois Arts Council
20	2505/2505-20	0140	Illinois Department of Revenue Federal Trust	Revenue
20	2605/2605- 407	0904	Illinois State Police Federal Projects	State Police
420	44/20(b)(7)	0191	Indoor Radon Mitigation	Emergency Management Agency
30	105/5.106	0883	Intra-Agency Services	Commerce and Economic Opportunity
30	105/5.480	0581	Juvenile Accountability Incentive Block Grant	Criminal Justice Information Authority
20	505/17(a)- 5(10)	0911	Juvenile Justice Trust	Human Services
50	705/5	0923	Law Enforcement Officers Training Board Federal Projects	Law Enforcement Training and Standards Board
15	320/7	0470	Library Services	Secretary of State
30	105/5.74	0762	Local Initiative	Human Services
30	105/5.142	0870	Low Income Home Energy Assistance Block Grant	Commerce and Economic Opportunity
30	105/5.141	0872	Maternal and Child Health Services Block Grant	Human Services
15	515/1	0077	Mines and Minerals Underground Injection Control	Natural Resources

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	FUNDS	PROCEDURE - PAGE NO. 09.50.40 5 of 6
SUB-SECTION	REFERENCE	EFFECTIVE DATE July 1, 2017
PROCEDURE	FUND LISTING – FEDERAL TRUST FUNDS	REVISION NUMBER 18-001

ALPHABETIC LISTING OF FUNDS

<u>ILCS</u>	<u>SECTION</u>	<u>FUND NUMBER</u>	<u>FUND NAME</u>	<u>ADMINISTERING AGENCY</u>
615	85/3	0855	National Flood Insurance Program	Natural Resources
420	40/21	0484	Nuclear Civil Protection Planning	Emergency Management
20	2405/3(f)	0495	Old Age Survivors Insurance	Human Services
30	105/5.367	0013	Prevention and Treatment of Alcoholism and Substance Abuse Block Grant	Human Services
30	105/5.140	0873	Preventive Health and Health Services Block Grant	Human Services
20	2310/2310-35	0838	Public Health Federal Projects	Public Health
20	2310/2310-35	0063	Public Health Services	Public Health
105	5/2-3.36	0798	Rehabilitation Services Elementary and Secondary Education Act	Human Services
30	105/6z-66	0560	SBE Federal Agency Services	State Board of Education
30	105/6z-67	0410	SBE Federal Department of Agriculture	State Board of Education
105	435/2	0561	SBE Federal Department of Education	State Board of Education
15	320/7	0176	Secretary of State Federal Projects	Secretary of State
20	105/4.01(5)	0396	Senior Health Insurance Program	Financial and Professional Regulation
20	105/4.01(5)	0618	Services for Older Americans	Aging
30	105/5.146	0935	Social Services Block Grant	Human Services
20	3930/7(k)(1)	0090	Special Federal Grant Projects	State's Attorneys Appellate Prosecutor

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	FUNDS	PROCEDURE - PAGE NO. 09.50.40 6 of 6
SUB-SECTION	REFERENCE	EFFECTIVE DATE July 1, 2017
PROCEDURE	FUND LISTING – FEDERAL TRUST FUNDS	REVISION NUMBER 18-001

ALPHABETIC LISTING OF FUNDS

<u>ILCS</u>	<u>SECTION</u>	<u>FUND NUMBER</u>	<u>FUND NAME</u>	<u>ADMINISTERING AGENCY</u>
775	5/8-112	0607	Special Projects Division	Human Rights
20	3930/7(k)	0117	State Appellate Defender Federal Trust	State Appellate Defender
15	515/1	0506	State Small Business Credit Initiative	Commerce and Economic Opportunity
110	947/113	0664	Student Loan Operating	Student Assistance Commission
750	5/712	0269	Supreme Court Federal Projects	Supreme Court
30	250/1	0861	Tennessee Valley Authority Local Trust	Revenue
415	5/4(k)	0065	U.S. Environmental Protection	Environmental Protection Agency
410	255/7	0700	USDA Women, Infants and Children	Human Services
5	220/3	0897	Veterans' Affairs Federal Projects	Veterans Affairs
20	2405/5a	0081	Vocational Rehabilitation	Human Services
225	650/18	0476	Wholesome Meat	Agriculture



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency _____ (1) Date _____ (2)
Address _____ (3)
Attention _____ (4)

I. Receipt Account Add Delete Estimated Annual Receipts _____
Account Code _____ Receipts to be deposited into Fund No. _____
Fund Name _____
Sources of Receipts _____

II. Expenditure Authority Account Organizational Unit
(5) Add Delete (6) Add Delete
Account _____ Account _____
Expenditures subject to Control based on:
(7) a) Receipts Yes No If yes, give Receipt Account Number _____
(8) b) Allotments Yes No
(9) c) Other (please specify) _____

Expenditures to be made from Fund No. _____ (10) Fund Name _____ (10)
Suggested Expenditure Authority Account Code _____ (11)

III. Detail Expenditure Object Add Delete Inquiry
Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.

(12)

Signature: _____ (13) Title _____ (14) Date _____ (15)
_____ (16) Telephone _____ (17)
Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object		
Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
Changed By _____ Date _____



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency Department of XYZ Date 3/26/04
 Address 123 N. First Street, Springfield, IL 62706
 Attention Jane Doe

I. Receipt Account Add Delete Estimated Annual Receipts _____
 Account Code _____ Receipts to be deposited into Fund No. _____
 Fund Name _____
 Sources of Receipts _____

II. Expenditure Authority Account Organizational Unit
 Add Delete Add Delete
 Account _____ Account _____
 Expenditures subject to Control based on:
 a) Receipts Yes No If yes, give Receipt Account Number _____
 b) Allotments Yes No
 c) Other (please specify) _____
 Expenditures to be made from Fund No. 471 Fund Name Comptroller Federal Training Fund
 Suggested Expenditure Authority Account Code 471-36075-1900-00-04

III. Detail Expenditure Object Add Delete Inquiry
 Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.
 This office is the recipient of an additional Federal grant from H.E.W. to administer and distribute TITLE III funds.
 The operating costs of this division and the distributive function will be financed entirely from the above
 requested account.

NEW DIVISION

NEW EXPENDITURE AUTHORITY ACCOUNT

Signature: _____ Title _____ Date _____
 _____ Telephone _____
 Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
 Changed By _____ Date _____



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

APPROPRIATION TRANSFER AUTHORIZATION

Exhibit 11.20.20-A
(12-001)

COMPTROLLER USE ONLY	
Document No:	
Document Date:	

AGENCY: _____ (1)

ADDRESS: _____ (2)

_____ (2)

CONTACT: _____ (3)

PHONE: _____ (4)

FUND: _____ (5)

DATE: _____ (6)
 MO DAY YEAR

FISCAL YEAR: _____ (7) AGENCY REQUEST NO: _____ (8) _____ (9) of _____

Page _____ Page _____

TRANSFER FROM:		COMP USE ONLY	TRANSFER TO:		
LINE ITEM	APPROPRIATION		LINE ITEM	APPROPRIATION	AMOUNT
(10)	(11)		(12)	(13)	(14)

<p>Comments:</p> <p style="text-align: center;">(20)</p>	Subtotal:	(15)
	Transfers Under the Above Fund Previously Approved	(16)
	Total:	(17)
	2% Limitation Available for Such Transfers	(18)
	Available For Future Transfer	(19)

I hereby certify that the transfers shown are necessary to carry out the programs and purposes for which the appropriations were made by the General Assembly.

REQUESTED BY:	APPROVED:	APPROVED:	PROCESSED:
(21)	(22)	(23)	(24)
<i>SIGNATURE</i>	<i>SIGNATURE</i>	<i>SIGNATURE</i>	
<i>TITLE</i>	<i>TITLE</i>	<i>TITLE</i>	COMPTROLLER
_____ MO. DAY YEAR	_____ MO. DAY YEAR	_____ MO. DAY YEAR	_____ MO. DAY YEAR



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

APPROPRIATION TRANSFER AUTHORIZATION

Exhibit 11.20.20-B
 (12-001)

AGENCY: Department of Corrections

ADDRESS: 1301 Concordia Court
Springfield, IL 62702

CONTACT: Jane Smith

PHONE: XXX-XXXX

FUND: General Revenue Fund

DATE: 3/11/08
MO DAY YEAR

FISCAL YEAR: 2008 AGENCY REQUEST NO: 12 1 of 2

COMPTROLLER USE ONLY	
Document No:	<input type="text"/>
Document Date:	<input type="text"/>

TRANSFER FROM:		COMP USE ONLY	TRANSFER TO:			
LINE ITEM	APPROPRIATION		LINE ITEM	APPROPRIATION	AMOUNT	
Contractual Services	0001-42660-1200-0000		Equipment	0001-42692-1500-0000	\$4,300	
Travel	0001-42660-1290-0000		Equipment	0001-42692-1500-0000	\$500	
Commodities	0001-42672-1300-0000		Telecommunications	0001-42692-1700-0000	\$3,000	
Comments:					Subtotal:	\$7,800
					Transfers Under the Above Fund Previously Approved	\$466,167
					Total:	\$473,967
					2% Limitation Available for Such Transfers	\$1,398,276
					Available For Future Transfer	\$924,309
<small>I hereby certify that the transfers shown are necessary to carry out the programs and purposes for which the appropriations were made by the General Assembly.</small>						
REQUESTED BY:	APPROVED:	APPROVED:	PROCESSED:			
<i>SIGNATURE</i>	<i>SIGNATURE</i>	<i>SIGNATURE</i>				
Director, Dept. of Corrections	Director, GOMB	Governor				
<i>TITLE</i>	<i>TITLE</i>	<i>TITLE</i>	COMPTROLLER			
<u>3/11/2008</u> <small>MO. DAY YEAR</small>	<u>3/12/2008</u> <small>MO. DAY YEAR</small>	<u>3/13/2008</u> <small>MO. DAY YEAR</small>	<u>3/15/2008</u> <small>MO. DAY YEAR</small>			



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

APPROPRIATION TRANSFER AUTHORIZATION

Exhibit 11.20.20-C
 (12-001)

COMPTROLLER USE ONLY	
Document No:	<input type="text"/>
Document Date:	<input type="text"/>

AGENCY: _____
 ADDRESS: _____

 CONTACT: _____
 PHONE: _____
 FUND: _____

DATE: _____
MO DAY YEAR

FISCAL YEAR: _____ AGENCY REQUEST NO: _____ of _____
Page Page

TRANSFER FROM:		COMP USE ONLY	TRANSFER TO:		
LINE ITEM	APPROPRIATION		LINE ITEM	APPROPRIATION	AMOUNT

Comments:	Subtotal:	
	Transfers Under the Above Fund Previously Approved	
	Total:	
	2% Limitation Available for Such Transfers	
Available For Future Transfer		

I hereby certify that the transfers shown are necessary to carry out the programs and purposes for which the appropriations were made by the General Assembly.

REQUESTED BY:	APPROVED:	APPROVED:	PROCESSED:
<i>SIGNATURE</i>	<i>SIGNATURE</i>	<i>SIGNATURE</i>	
<i>TITLE</i>	<i>TITLE</i>	<i>TITLE</i>	COMPTROLLER
_____ <small>MO. DAY YEAR</small>	_____ <small>MO. DAY YEAR</small>	_____ <small>MO. DAY YEAR</small>	_____ <small>MO. DAY YEAR</small>

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	EXPENDITURE AUTHORITY	PROCEDURE - PAGE NO. 11.40.20 1 of 5
SUB-SECTION	CONTROL	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY APPROPRIATION STATUS REPORT – UNEXPENDED APPROPRIATION BALANCE	REVISION NUMBER 18-001

RECONCILIATION OF MONTHLY APPROPRIATION STATUS
REPORT UNEXPENDED APPROPRIATION BALANCE

PURPOSE

The purpose of this procedure is to describe one method which can be used to reconcile the unexpended budget authority balance per agency records with the unexpended budget authority balance per the Statewide Accounting Management System (SAMS) maintained by the Comptroller's Office. Agencies with access to SAMS automated records, may perform alternate reconciliation methods. The unexpended budget authority balance is calculated in the following manner.

Current Appropriations
Add: Transfers In
Less: Transfers Out
Reverted Amounts
Expenditures
Unexpended Budget Authority

This reconciliation must be performed monthly and the Comptroller's Office notified of any unreconcilable differences so that the necessary corrective action can be taken to locate the differences and correct the accounting records. The reconciliation must be completed within 60 days of the month end.

GENERAL

The reconciliation of the appropriation account balances shown in the Monthly Appropriation Status Report should be prepared prior to the reconciliation of the cash balances shown in the monthly Cash Report. The reconciliation of the cash balances will be simplified after the appropriation accounts have been reconciled.

The agency will have the Monthly Appropriation Status report (Exhibit 11.40.10-A) to assist them in reconciling the unexpended budget authority balance. The Document ID, presented on the Monthly Appropriation Status report, consists of three parts.

1. Transaction Type
 - * AD Automated Disbursement (warrant)
 - * AP Appropriation
 - * CX Check Cancellation
 - * EF EFT disbursement (electronic fund transfer)
 - * JV Journal Voucher
 - * PO Purchase Order
 - * PV Payment Voucher
 - * RQ Requisition (establishes Pre-Encumbrance)
 - * TA Transfer of Appropriation
2. Agency Code (i.e., 360 – Comptroller's Office)
3. Identifying document number such as voucher number for expenditures.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	EXPENDITURE AUTHORITY	PROCEDURE - PAGE NO. 11.40.20 2 of 5
SUB-SECTION	CONTROL	EFFECTIVE DATE July 1, 1997
PROCEDURE	RECONCILIATION OF MONTHLY APPROPRIATION STATUS REPORT – UNEXPENDED APPROPRIATION BALANCE	REVISION NUMBER 98-001

In addition to other information, the Expenditure Section of the Monthly Appropriation Status report presents vouchers processed by voucher range. A voucher range consists of sequentially numbered vouchers approved by the Comptroller's Office on a single day. If, on a single approval day, a voucher is missing or rejected, or a warrant has not been written for a particular voucher, the range will break and another range will begin. Paid vouchers (or ranges of vouchers) are marked with a "D" indicating the related warrants have been written. Vouchers (or ranges of vouchers) where warrants haven not been written will have no indicator.

Most differences between an agency's records and SAMS are timing differences. For example, an agency may have recorded a transaction which at the close of the accounting period (month) was not yet recorded by the Comptroller's Office. The reconciliation process suggested recognizes and accommodates this difference, when used in conjunction with the open item files discussed below.

OPEN ITEM FILES

An agency may maintain an open item file for each type of transaction submitted to the Comptroller to facilitate the reconciliation process. Each transaction type file should be divided by fund and sub-divided by appropriation account. Within these groups, the transactions should be in chronological sequence. When the agency is notified that the transaction has been processed or rejected, the item should be removed from the open file. Notification will consist of the monthly reports sent to each agency. Those items which were submitted to the Comptroller on or before the date of the report, which were not processed by the Comptroller, are defined as being in transit. After the vouchers processed by the Comptroller have been removed from the open item file, the sum of the transactions remaining in the open item file should be the total in-transit amount. For purposes of reconciling the monthly Cash Report it is important to maintain a listing of expenditure items not marked with a "D." These represent uncleared cash items that will not be reflected on the Cash Report for the month. Once an item clears in a subsequent month, it can be removed from the listing.

To assure that transactions are in transit and not lost, the agency should periodically review the open item file for old in-transit items.

UNEXPENDED APPROPRIATION BALANCE PER THE MONTHLY APPROPRIATION STATUS REPORT

For each appropriation or other expenditure account maintained in SAMS, key data elements and brief descriptions are presented in Procedure 11.40.10.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	EXPENDITURE AUTHORITY	PROCEDURE - PAGE NO. 11.40.20 3 of 5
SUB-SECTION	CONTROL	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY APPROPRIATION STATUS REPORT – UNEXPENDED APPROPRIATION BALANCE	REVISION NUMBER 18-001

RECONCILING THE REPORT

The suggested method for reconciling the unexpended budget authority balance (35) on the "Monthly Appropriation Status report" (Exhibit 11.40.10-A) is as follows:

- Step 1. For each appropriation account, compare the current unexpended budget authority balance per the agency's records as of the date of this report to the Current Unexpended Budget Authority Balance (35) per SAMS. Any discrepancy between these two amounts should equal the sum of the in-transit transactions.

- Step 2. Three types of transactions can have in-transit items.
 - 1) Transfers In (26)
 - 2) Transfers Out (27)
 - 3) Expenditures (including cash refunds and voided warrants (32)

Those transactions which are in-transit (recorded on the agency's records as of the date of this report but not recorded in the Comptroller's records) should be summed by type. In-transit items are determined through the procedure previously described under "OPEN ITEM FILES". In-transit expenditures are defined for this reconciliation procedure to be those vouchers or refunds submitted by the agency to the Comptroller which were not processed by the Comptroller prior to the close of the accounting period. In-transit transfers-in and refunds should be deducted from the agency's unexpended appropriation balance and in-transit transfers-out and expenditures should be added in order to agree with the Comptroller's balance.

RECONCILIATION EXCEPTION NOTIFICATION

Each month, the Comptroller's Office distributes the Monthly Appropriation Status Report to the agencies. The Monthly Appropriation Status Report must be reconciled within 60 days of month end to ensure the early detection and correction of errors. A Reconciliation Exception Notification (Exhibit 11.40.20-A) should be completed by the agency to report discrepancies to the Comptroller.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	EXPENDITURE AUTHORITY	PROCEDURE - PAGE NO. 11.40.20 4 of 5
SUB-SECTION	CONTROL	EFFECTIVE DATE July 1, 1997
PROCEDURE	RECONCILIATION OF MONTHLY APPROPRIATION STATUS REPORT – UNEXPENDED APPROPRIATION BALANCE	REVISION NUMBER 98-001

COMPLETION OF RECONCILIATION EXCEPTION NOTICE

If the reconciliation process detects an error in SAMS, the agency should complete the Reconciliation Exception Notice, form C-82 (Refer to Exhibit 11.40.20-B). Instruction for the completion and submittal of the form are as follows:

REFERENCE

CONTENTS

- (1) Check the box for appropriations.
- (2) Complete the month and fiscal year of the report being reconciled.
- (3) Indicate in appropriate box the type of exception
 - a.) If the agency has charged a voucher to the wrong expenditure account or fiscal year, this box should be checked. The agency should attach an Expenditure Transfer Request (SCO-415) and a copy of the voucher in question.
 - b.) If the agency detects a voucher which has been entered incorrectly onto SAMS, this box should be checked. The agency should attach an Expenditure Transfer Request (SCO-415) and a copy of the voucher.
 - c.) If the agency notes that a warrant has been issued for the wrong amount, the Comptroller's Accounting Section (217/782-3426) should be contacted immediately.
 - d.) If an agency has credited a cash refund to the wrong expenditure account, fiscal year, or detail object, this box should be checked. The agency should attach a letter requesting the correction with a reasonable explanation, and include a copy of the original voucher and an Expenditure Adjustment Transmittal (C-63).

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	EXPENDITURE AUTHORITY	PROCEDURE - PAGE NO. 11.40.20 5 of 5
SUB-SECTION	CONTROL	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY APPROPRIATION STATUS REPORT – UNEXPENDED APPROPRIATION BALANCE	REVISION NUMBER 18-001

REFERENCE

CONTENTS

- e.) If an adjustment is noted that is not identified in the prior exceptions, attach an explanation of the adjustment needed and pertinent information.
- f.) If an adjustment is noted which cannot be identified by the agency, attach any information which could be pertinent. The Comptroller's Office will contact the agency to rectify the problem.

- (4) Agency Name Official name of the agency.
- (5) Agency Number Three-digit Comptroller assigned agency code.
- (6) Authorized Signature Responsible agency person completing the reconciliation.
- (7) Date Date completing reconciliation.
- (8) Telephone Number Telephone number of person completing the reconciliation.

The completed Reconciliation Exception Notification, form C-82, should be sent to:

Office of the Comptroller
Funds, Receipts and Collections Unit
325 West Adams
Springfield, Illinois 62704-1871



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

Exhibit 11.40.30-A
 (12-001)

Expenditure Transfer Request

Original Expenditure Account Code No.	FY _____	Correct Expenditure Account Code No.	FY _____								
Warrant Issue Date		Warrant/EFT No.									
Voucher No.		Voucher Amount	\$ _____								
Original Object		Correct Object									
Original Obligation No. and Accounting Line		Correct Obligation No. and Accounting Line									
Amount of Transfer	\$ _____	Amount of Transfer	\$ _____								
Vendor Name and Number											
Reason for Transfer:											
Contact for further Information: Name _____ Phone _____											
Send Correspondence to: Name _____ Address _____											
Authorized Signature _____ Agency _____ Date _____											
Attach Copy of Voucher and Any other Necessary Information	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Comptroller Use</td> </tr> <tr> <td><input type="checkbox"/> Processed</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Returned</td> <td>MW No. _____</td> </tr> <tr> <td>By _____ Date _____</td> <td>JV No. _____</td> </tr> </table>			Comptroller Use		<input type="checkbox"/> Processed		<input type="checkbox"/> Returned	MW No. _____	By _____ Date _____	JV No. _____
Comptroller Use											
<input type="checkbox"/> Processed											
<input type="checkbox"/> Returned	MW No. _____										
By _____ Date _____	JV No. _____										



Expenditure Transfer Request

Original Expenditure Account Code No.	(1) 001-36001-1200-00-00	FY <u>07</u>	Correct Expenditure Account Code No.	(2) 001-36001-1200-01-00	FY <u>07</u>
Warrant Issue Date	(3) July 24, 2006		Warrant/EFT No.	(4) AD 7940322	
Voucher No.	(5) 700008123		Voucher Amount	\$ (6) 10,000.00	
Original Object	(7) 1221		Correct Object	(8) 1221	
Original Obligation No. and Accounting Line	(9) 70000 829164	1	Correct Obligation No. and Accounting Line	(10) 70000 829166	1
Amount of Transfer	\$ (11) \$413.56		Amount of Transfer	\$ (12) \$413.56	
Vendor Name and Number	(13) Universal Answers 420420420 A				
Reason for Transfer: (14) Charged to wrong appropriation account code due to typographical error by agency.					
Contact for further Information: Name (15) Julie Smith Phone 782-0000					
Send Correspondence to: Name (16) John Hill Address 400 Adams Springfield, Illinois 62704					
Authorized Signature (17) Agency (18) Comptroller Date (19) August 15, 2006					
Attach Copy of Voucher and Any other Necessary Information			Comptroller Use <input type="checkbox"/> Processed <input type="checkbox"/> Returned By _____ Date _____ MW No. _____ JV No. _____		



Object Correction Request

Expenditure Account Code No.		Original Object Charged	Original Amount	Correct Object	Correct Amount						
Warrant Issue Date	FY _____	1.	\$		\$						
Voucher No.		2.	\$		\$						
Warrant No.\EFT Trace No.		3.	\$		\$						
Vendor Name		4.	\$		\$						
Vendor Number		5.	\$		\$						
Reason for Correction:											
Contact for further information: Name _____ Phone _____											
Send Correspondence to: Name _____ Address _____											
Authorized Signature _____ Agency _____ Date _____											
Attach Copy of Voucher and Any Other Necessary Information.											
<table border="1"> <tr> <td colspan="2">Comptroller Use</td> </tr> <tr> <td><input type="checkbox"/> Processed</td> <td><input type="checkbox"/> Returned</td> </tr> <tr> <td>By _____</td> <td>Date _____ JV No. _____</td> </tr> </table>						Comptroller Use		<input type="checkbox"/> Processed	<input type="checkbox"/> Returned	By _____	Date _____ JV No. _____
Comptroller Use											
<input type="checkbox"/> Processed	<input type="checkbox"/> Returned										
By _____	Date _____ JV No. _____										





STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

Object Correction Request

Exhibit 11.40.50-B
 July 1, 2011
 (12-001)

Expenditure Account Code No.	(1) 0001-36023-1200-0000	Original Object Charged	Original Amount	Correct Object	Correct Amount
Warrant Issue Date	(2) 7/10/01 (3) FY 02	1. (4) 1289	\$ (5) 100.00	(6) 1249	\$ (7) 100.00
Voucher No.	(8) 200000 852	2.	\$		\$
Warrant No.\EFT Trace No.	(9) AD7940322	3.	\$		\$
Vendor Name (10) XYZ Company		4.	\$		\$
Vendor Number (11) 123456789		5.	\$		\$

Reason for Correction:

(12) Agency cited incorrect detail object code on the voucher listed above for the amount shown.

Contact for further information: Name (13) _____ Phone (13) _____

Send Correspondence to: Name (14) _____ Address (14) _____

Authorized Signature (15) _____ Ager (16) _____ Date (17) _____

Attach Copy of Voucher and Any Other Necessary Information.

Comptroller Use

Processed Returned

By _____ Date _____ JV No. _____

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	EXPENDITURE AUTHORITY	PROCEDURE - PAGE NO.
		11.50.10 15 of 21
SUB-SECTION	REFERENCE	EFFECTIVE DATE
		July 1, 2017
PROCEDURE	ALPHABETIC INDEX OF EXPENDITURE ITEMS	REVISION NUMBER
		18-001

1521	Radio (passenger automobile)*	1893	Repair and maintenance, motor vehicles
1750	Radio (police transmitters and receivers)*	1221	Repair and maintenance, office furniture
1395	Rakes, hand drawn)*	1223	Repair and maintenance, real property
1540	Rams, hydraulic*	1225	Repair and maintenance of E.D.P. equipment
1530	Ranges, kitchens*	1229	Repair and maintenance, by all other
1395	Rasps	1894	Repair parts: motor vehicles
1391	Rat poison	1599	Revolvers*
1391	Rat traps	1304	Ribbons, calculator
1391	Razor blades	1599	Rifles*
1391	Razors, disposable	1894	Rims for motor vehicle wheels
1540	Reamers*	1391	Roach powder
1399	Records, phonograph	1223	Road mixture--construction
1599	Recreation equipment	1223	Road oil
1223	Reducers for pipe fittings	1335	Rock salt--highway use
1599	Reels, fire hose*	1248	Rodent and vermin extermination by contract
1510	Reference books (office)*	6671	Rods, curtain
1560	Reference books (library)*	1540	Rollers, lawn
1310	Refrigerants (other than ice)	1540	Rolling machinery and equipment
1310	Refrigeration gas	1223	Roofing repairs, including materials
1530	Refrigerators	1398	Rope*
1221	Refrigerators, repairs	1599	Row boats*
9912	Refunds, corporate income tax	1399	Rubber balls (playground)
9911	Refunds, individual income tax	1304	Rubber bands
9921	Refunds, inheritance tax	1223	Rubber caulking
9923	Refunds, motor fuel tax	1350	Rubber gloves (surgical)
9925	Refunds, other tax	1391	Rubber gloves (other than surgical)
9932	Refunds to students	1393	Rubber mats*
9934	Refunds of federal and other grants	1224	Rubber tires (for chairs and food conveyances)
9939	Refunds, not elsewhere classified	1394	Rubber stamps
9940	Refunds, Local Recovery Fee	1248	Rugs, cleaning
1261	Registered mail fees	1530	Rugs--institutional use*
1399	Religious supplies	1510	Rugs--office use*
1681	Rentals of data processing equipment	1395	Rulers, mechanics
1232	Rentals of motor vehicles	1394	Rulers, office
1231	Rentals of office equipment		
1233	Rentals of real property		
1239	Rents not otherwise classified (short-term)		
1224	Repair and maintenance, machinery and mechanical equipment		S
		1399	Sacks, paper

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1289	Safes, changing combinations of	1332	Screws, industrial use
1391	Safety pins	1224	Screws, maintenance use
1392	Salt, block	1391	Scrub brushes
1335	Salt, highway use	1395	Scythes, snaths, blades and stones for same
1335	Salt, melting ice	1304	Seal, notary public
1360	Salt, table	1304	Seal, ribbon
1310	Salt, water softener	1391	Sealing wax--household use
1391	Salt and pepper shakers (disposable)	1304	Seals, car (grain office)
1245	Sampling coal	1304	Seals, impression and paper
1223	Sand	1894	Seat covers (auto)
1391	Sanitary napkins	1540	Seeders*
1981	Savings Bond payments	1223	Sewer castings, manhole covers, pipe and rings
1395	Saw blades	1540	Sewer cleaning equipment*
1391	Sawdust--oiled--for floors	1255	Sewer service charges
1540	Sawing machinery and equipment	1540	Sewer rods*
1550	Saws, bone*	1224	Sewing machine: bobbin, needles
1540	Saws, other*	1530	Sewing machine--household use
1550	Scales, laboratory*	1540	Sewing machine--industrial use
1530	Scales, baby*	1397	Sharpeners, knife
1540	Scales: counter, platform and storehouses*	1394	Sharpeners, pencil
1221	Scales, inspection	1229	Sharpening medical instruments
1510	Scales, office	1229	Sharpening small and large tools
1561	School desks and tables*	1530	Shaver, electric*
1308	School supplies	1223	Sheet copper and lead
1397	Scissors, barbers' and household	1391	Sheets
1394	Scissors, office	1221	Shellac
1396	Scissors, surgical*	6671	Shelves, book
1395	Scoops: coal, grain and grocers	4471	Sheriff's fees
1391	Scouring powder	1223	Shingles
1395	Scrapers: bench, block dough, floor (hand operated)	1398	Shipping cases
1540	Scrapers: road grading*	1302	Shipping tags
1304	Scratch pads	1229	Shoe repairing
1530	Screens: bed, fireplace, and household*	1399	Shotgun shells
1223	Screens, door and window	1395	Shovels: coal (scoop), earth and grain (scoop)
1599	Screens, motion picture*	1599	Show cases*
1237	Screens, rental of motion picture	1223	Shower bath heads
1395	Screw drivers	1395	Sickles
1540	Screw jack*		

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1540	Sifter and mixer, flour (baking)*	1540	Spreaders, manures *
1289	Sign painting	1391	Spreads, bed
7721	Signs, road	1360	Spring water, for table use
1397	Silverware (bulk)*	1224	Springs
1530	Silverware (table sets)*	1540	Sprinkler, garden*
1397	Skewers	1395	Squares, carpenters'
1397	Skillets	1397	Squeegees
1223	Slate for roofs	1392	Stable supplies
1245	Slaughter animals (service for food)	1599	Stage curtains*
1599	Sleds*	1350	Stain (laboratory)
1280	Slides, developing	1221	Stain (painting)
1350	Slides (scientific)	1391	Stair pads
1399	Slides (all other)	1261	Stamped envelopes
1561	Slides, processed*	1540	Stamping machines*
6671	Smoke detectors	1395	Stamps (blacksmiths and other metal stamps)
1530	Smoke stands--institutional use	1261	Stamps, postage
1395	Snip, tanners	1303	Stamps (revenue) printing of
1224	Snow plow repairs, including parts	1394	Stamps, rubber
1540	Snow plow and removal equipment*	1510	Stamps, time*
1397	Soap dishes	1550	Stands, burette and instrument*
1350	Soap (surgical)	1599	Stands, music*
1391	Soap (other than surgical)	1530	Stands, tray and wash*
1395	Sockets, electric	1223	Staples, fencing
1284	Software	1304	Staples, office
1310	Solder	1395	Stapling machines--farm fencing*
1391	Solvent, grease	1394	Stapling machine--office and shipping
1397	Soup bowls and dishes	1391	Starch, laundry
1395	Spades	4496	State wards, support of, Payment to provider
1894	Spark plugs--automotive	1985	State withholding tax--personal services
1224	Spark plugs--off-road use	1986	State withholding tax--contractual services
1397	Spatulas (household)	1302	Stationery (letterheads and printed envelopes)
1396	Spatulas (laboratories)	1510	Stationery cabinets*
1599	Speakers	6671	Steam boilers*
1289	Speech recording service by contract	1223	Steam coil and tubes
1223	Spikes	1530	Steam jacked kettles (kitchen)*
1391	Sponges (non-surgical)	1530	Steam tables*
1350	Sponges		
1397	Spoons		
1540	Spray pump (power driven)*		
1395	Sprayers		

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1540	Steamfitters' tools*	
1223	Steamfitting materials	1530 Table, card*
1304	Stencil paper	1391 Tablecloth (disposable)
1304	Stencils	1530 Tables (household): center, dining, kitchen, library and sewing*
1245	Stenographers, public	1550 Tables (medical and scientific): bedside, examination instrument, laboratory, massage and operating*
1540	Step ladders*	1599 Tables (miscellaneous): recreational (billiard, pool, etc.)*
1599	Stereo equipment*	1510 Tables: office and typist*
1550	Sterilizers*	1308 Tablets, school
1550	Stethoscopes*	1681 Tabulating machine, rental of tabulating machines
1302	Stickers (printed)	1395 Tack lifters
1540	Stitching machine, wire*	1395 Tackle block
1392	Stock feed	1332 Tacks--institutional use
1530	Stools--institutional use*	1223 Tacks--other than industrial use
1510	Stools--office use*	1304 Tacks--thumb
1599	Stop watches*	1302 Tags, shipping
1233	Storage space, rent of	1540 Tampers*
1530	Stoves*	1540 Tanks: gasoline and oil storage*
1397	Strainers	1398 Tanks, photographers developing
1223	Street sprinkling and oiling	1304 Tape, adding machine
1530	Stretchers, curtain*	1685 Tape, data processing
1540	Stretchers, fence and wire*	1540 Tape, measures*
1550	Stretchers, hospital*	1304 Tape, postage meter
1399	String for packaging	1561 Tape, prerecorded (for instruction, etc.)
1289	Subscriptions to clipping and information services	1394 Tape, "blank" recording for sound scribes)
1275	Subscriptions to journals, magazines and newspapers	1237 Tape recorder, rentals
1599	Suitcases*	1304 Tape, scotch
1540	Surfacing machinery*	1540 Taps and dies*
1370	Surgeons' gowns (disposable)	1223 Tar
1246	Surgeons' service (non-employees), Payment to provider	1599 Tarpaulins*
1550	Surgical apparatus (case and instruments)*	1399 Tear gas bombs
1245	Surveyors (services of non-employees)	1223 Tees (plumbing, etc.)
1350	Swabs	1729 Telegraph service
1391	Sweeping compounds*	1721 Telephone rentals and tolls
1530	Swings, porch and lawn*	1729 Teletype service
1350	Syringes (medical and laboratory)	

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PERSONAL SERVICES AND FRINGE BENEFITS

1100 PERSONAL SERVICES

- 1111 General Assembly Officers and Members
- 1112 Legislative Per Diem, W-2 Reportable
- 1113 Elected Officers of the Executive Branch
- 1115 Other State Officers
- 1117 Judges and Officers of the Court System

- 1120 Regular Positions
- 1121 Deceased Employee Compensation
- 1122 University Personal Services, Base Salary Payment-Involuntary Withholding
- 1123 Employee Uniform Allowance
- 1124 University Personal Services, Overtime and Lump Sum Salary
Payment – Involuntary Withholding
- 1127 Agency Payments For Temporary Total Disability
- 1128 Employee Bonus Payments
- 1129 Employee Retirement Contribution Paid by the State
- 1130 Extra Help

- 1140 Student, Member or Inmate Compensation
- 1145 Contractual Payroll Employees
- 1150 Other Personal Services

1160 RETIREMENT

- 1161 State Employees Retirement
- 1162 University Retirement
- 1163 General Assembly Retirement
- 1164 Judges' Retirement
- 1165 Teachers' Retirement
- 1167 Other Retirement
- 1168 Employer Contributions for Pension-Limited Scope

1170 SOCIAL SECURITY

- 1170 Social Security and Medicare Contributions
- 1175 State Contribution to Social Security and Medicare, Contractual Payroll

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1180 GROUP INSURANCE

- 1180 Employer Contributions for Group Insurance
- 1181 Employer Contributions for Health and Welfare Insurance-Limited Scope
- 1190 Employer Contributions for Other Fringe Benefits-Limited Scope

CONTRACTUAL SERVICES

1200 CONTRACTUAL SERVICES

- 1201 Petty Cash Fund Establishment/Reimbursements
- 1202 Contractual Expense Reimbursement to State Employees and
Contractual Payroll Employees
- 1205 Freight by a Commercial Carrier
- 1211 Communications Revolving Fund Consolidation Payments
- 1212 Professional Services Fund Consolidation Payments
- 1213 Statistical Services Revolving Fund Consolidation Payments
- 1214 State Garage Revolving Fund Payments

- 1221 Repair and Maintenance, Furniture, Office and Household Equipment
- 1222 Repair and Maintenance, Aircraft and Boats
- 1223 Repair and Maintenance, Real Property
- 1224 Repair and Maintenance, Machinery and Mechanical Equipment
- 1225 Repair and Maintenance, E.D.P. Equipment
- 1229 Repair and Maintenance, Not Elsewhere Classified

- 1230 In-House Repair and Maintenance, Purchase of Merchandise
- 1231 Rental, Office Equipment
- 1232 Rental, Motor Vehicles
- 1233 Rental, Real Property
- 1234 Rental, Machinery and Mechanical Equipment
- 1235 Rental, E.D.P. Equipment
- 1236 Facilities Management Revolving Fund Payments
- 1237 Rental, Film and Audio/Visual Aids
- 1239 Rental, Not Elsewhere Classified

- 1240 Statistical and Tabulation Services
- 1241 Medical Consultant Fees
- 1242 Auditing and Management Services

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TELECOMMUNICATIONS

1700 TELECOMMUNICATIONS

- 1702 Telecommunications Expense Reimbursement to State Employee
- 1710 Repair and Maintenance, Telephone, Data, Radio and Other
Communication Equipment
- 1721 Rental, Telephone Services and Equipment
- 1722 Rental, Data Communication Services and Equipment
- 1723 Rental, Radio Communication Services and Equipment
- 1725 Communications Services Provided Under Tariff
- 1728 Video Conferencing
- 1729 Rental, Other Communication Services and Equipment
- 1730 Parts and Supplies for Telephone, Data and Radio Equipment
- 1740 Answering and Paging Communication Services and Equipment
- 1750 Telephone, Data, Radio and Other Communication Equipment
- 1795 University Central Telecommunication Services
- 1799 Telecommunication Services, Not Elsewhere Classified

OPERATION OF AUTOMOTIVE EQUIPMENT

1800 OPERATION OF AUTOMOTIVE EQUIPMENT

- 1892 Bulk Tires
- 1893 Repair and Maintenance, Automotive Equipment
- 1894 Parts and Fittings, Automotive Equipment
- 1895 Bulk Fuel
- 1896 Gasoline, Oil and Antifreeze
- 1897 University Central Transportation Services
- 1898 Automotive Services, Not Elsewhere Classified
- 1899 Automotive Expenses, Not Elsewhere Classified

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LUMP SUMS AND OTHER PURPOSES

1900 LUMP SUMS AND OTHER PURPOSES

- 1910 Lump-Sum Operations
- 1920 Lump Sum, Operations Excluding Personal Services
NOTE: See 4900, 6900 and 7900 for other "lump sum" categories
- 1930 Efficiency Initiative Payments
- 1970 Employee Participant in Dependent Care Assistance Plan
- 1971 Payment For Excessive Deductions in Dependent Care Program
- 1972 Employee Participant in Medical Care Assistance Plan
- 1973 CMS Payroll Deduction Programs
- 1975 Health Insurance Payments for Members
- 1976 Health Insurance Payment Reimbursements to Members - Paid by CMS
- 1977 Life Insurance Payments for Members - Paid by CMS

- 1981 Savings Bond Payments

- 1983 Non-Recurring Refunds and Distributions
- 1984 Commercial/Payroll Consolidation Distribution (COMPTROLLER USE ONLY)
- 1985 State Withholding Tax--Personal Services
- 1986 State Withholding Tax--Contractual Services
- 1987 State Withholding Tax--Resident Lottery Winners
- 1988 State Withholding Tax--Non-Resident Lottery Winners
- 1989 State Withholding Tax--Non-Resident Contractual Services

- 1990 IRS Tax Levy
- 1991 Interest Penalty--Prompt Payment Act--Current Year
- 1992 Local Government Debt Collection Payments
- 1993 Interfund Cash Transfers
- 1994 Other Interest Penalty - Not Elsewhere Classified

- 1997 Contingencies (Transfers-Out Only)
- 1998 Garnishment, Levy and Assignment Payments

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- 1117 Judges and Officers of the Court System.
Compensation, as prescribed by law, paid to judges and officers of the court system. **NR**
- 1120 Regular Positions.
Compensation of employees holding positions which are part of the regular operating staff of an agency, whether such positions are full-time or part-time, and regardless of how long an employee fills the position. **NR**
- 1121 Deceased Employee Compensation.
Remaining amounts paid on behalf of a deceased employee to an estate or heir(s) pertaining to unliquidated vacation, overtime, sick leave, etc. where the payment to the deceased individual would have been paid from the "personal services." Refer to SAMS Death Benefit Procedure 23.50.20 for further information. **R**
- 1122 University Personal Services, Base Salary Payment - Involuntary Withholding.
University payroll expenditures for recurring base salary and overtime pay for employee non child support involuntary withholdings. **NR**
- 1123 Employee Uniform Allowance.
Compensation to employees as a stipend for uniform maintenance. **NR**
- 1124 University Personal Services, Final Overtime and Lump Sum Salary Payment –
Involuntary Withholding
University payroll expenditures for non-recurring salary pay, including final overtime and lump sum payments, for employee child support and non child support involuntary withholdings. **NR**
- 1127 Agency Payments For Temporary Total Disability.
Payments by State agencies to the Workers' Compensation Revolving Fund where the employing agency has denied employment terms of a physician's modified work release. **NR**
- 1128 Employee Bonus Payments.
A non-recurring personal service payment made in addition to an employee's base compensation that does not increase their base pay. Stipend and overtime payments do not qualify as bonus payments. **NR**
- 1129 Employee Retirement Contribution Paid by the State.
Additional employee compensation made by the State, on behalf of qualifying employees, representing the employees' share of retirement costs. **NR**

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- 1130 Extra Help.
Compensation of employees performing work of a short-term or seasonal nature, ordinarily at a rate per period of time (hour, day, week, or month). Fees and per diem or per-job payments for services rendered by non-employees should not be charged to this account, but to the appropriate "Contractual Services" account. **NR**
- 1140 Student, Member or Inmate Compensation.
Compensation of students at tax-supported educational institutions, of State wards at Veterans' or welfare institutions, and of inmates of State correctional institutions. **NR**
- 1145 Contractual Payroll Employees.
Compensation paid to individuals who perform personal services for the State pursuant to a contract with the individual (either oral or written) and deemed "employees" under IRS regulations. Object does not include payments for personal services to individuals hired pursuant to an employment code, where payments are made on a regular payroll voucher. **NR**
- 1150 Other Personal Services.
Compensation of employees which cannot be classified in another more specific personal services account, including compensation of members of the Illinois National Guard, Naval and Reserve Militia for services during periods of active duty. **NR**
- 1160 RETIREMENT
- 1161 State Employees Retirement.
Payments by the State for its share of contributions to the State Employee Retirement System. **NR**
- 1162 University Retirement
Payments by the State for its share of contributions to the University Retirement System. **NR**
- 1163 General Assembly Retirement.
Payments by the State for its share of contributions to the General Assembly Retirement System. **NR**
- 1164 Judges' Retirement.
Payments by the State for its share of contributions to the Judges Retirement System. **NR**

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- 1165 Teachers' Retirement.
Payments by the State for its share of contributions to the Teachers Retirement System. **NR**
- 1167 Other Retirement.
Payments by the State, for employees of local governments whose salaries are an obligation of the State, for its share of contributions to a retirement fund. Includes reimbursement to Cook County for contributions to County Employees and Officers Annuity and Benefit Fund. **NR**
- 1168 Employer Contributions for Pension-Limited Scope.
Payments by the State for pension costs pursuant to the Illinois Fringe Benefit Portability and Continuity Act (820 ILCS 190/1). **NR**
- 1170 SOCIAL SECURITY
- 1170 Social Security, and Medicare Contributions.
Payments by the State for the employer share of Social Security, and Medicare (FICA) taxes. **NR**
- 1175 State Contributions to Social Security and Medicare - Contractual Payroll.
Payments by the State for the employer share of Social Security and Medicare contributions for contractual employees. **NR**
- 1180 GROUP INSURANCE
- 1180 Employer Contributions for Group Insurance.
Payments by State agencies for life and medical insurance costs. **NR**
- 1181 Employer Contributions for Health and Welfare Insurance-Limited Scope.
Payments by the State for health and welfare insurance costs pursuant to the Illinois Fringe Benefit Portability and Continuity Act (820 ILCS 190/1) and payments to Unions for group insurance reimbursement. **NR**
- 1190 Employer Contributions for Other Fringe Benefits-Limited Scope.
Payments by the State for other fringe benefits costs pursuant to the Illinois Fringe Benefit Portability and Continuity Act (820 ILCS 190/1). **NR**

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CONTRACTUAL SERVICES

1200 CONTRACTUAL SERVICES

Defined by "An Act in relation to State Finance" (30 ILCS 105/15a) as follows:

"The item 'contractual services', when used in an appropriation act, means and includes: (a) Expenditures incident to the current conduct and operation of an office, department, board, commission, institution or agency for postage and postal charges, surety bond premiums, publications, subscriptions, office conveniences and services, exclusive of commodities as herein defined; (b) Expenditures for rental of property or equipment, repair or maintenance of property or equipment including related supplies, equipment, materials, services, replacement fixtures and repair parts, utility services, professional or technical services, moving expenses incident to a new State employment, and transportation charges exclusive of 'travel' as herein defined; (c) Expenditures for the rental of lodgings in Springfield, Illinois and for the payment of utilities used in connection with such lodgings for all elected State officials, who are required by Section 1, Article V of the Constitution of the State of Illinois to reside at the seat of government during their term of office; (d) Expenditures pursuant to multi-year lease, lease-purchase or installment purchase contracts for duplicating equipment authorized by Section 5.1 of 'The Illinois Purchasing Act', approved July 11, 1957, as now or hereafter amended; (e) Expenditures of \$5,000 or less per project for improvements to real property which, except for the operation of this Section, would be classified as 'permanent improvements' as defined in Section 21, (f) Expenditures pursuant to multi-year lease, lease-purchase or installment purchase contracts for land, permanent improvements or fixtures, (g) Expenditures for facilities management, communication, information technology, and professional services provided by the Department of Central Management Services pursuant to the Department of Central Management Services Law of the Civil Administrative Code of Illinois.

The item 'contractual services' does not, however, include any expenditures included in 'operation of automotive equipment' as defined in Section 24.2.

The item 'contractual services' does not include any expenditures for professional, technical, or other services performed for a State agency under a contract executed after July 1, 1992 by a person who was formerly employed by that agency and has received any early retirement incentive under Section 14-108.3 or 16-133.3 of the Illinois Pension Code based on retirement before 1993, unless the official or employee executing the contract on behalf of the agency has certified that the person performing the services either (i) possesses unique expertise, or (ii) is essential to the operation of the agency. This certification must be filed with the Office of the

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(exclusive of on-road motor vehicles - account 1893) such as electronic equipment, industrial and shop machinery, off road motor vehicles and machinery such as snowplows and farm equipment, tools, instruments, and apparatus. **R**

- 1225 Repair and Maintenance, EDP Equipment.
Charges for contractual repair or routine service of Electronic Data Processing Equipment such as main frame computers, word processors, personal computers, printers, scanners and bar code readers. **R**
- 1229 Repair and Maintenance, Not Elsewhere Classified.
Charges for contractual repair or routine maintenance of items other than those classified above such as clothing, shoes, athletic, playground and recreational equipment, fire extinguishers, scientific instruments and apparatus for hospital, medical, dental, laboratory, scientific testing, and engineering uses, musical instruments, radios and phonographs, photographic equipment, barber and beauty culture equipment, and firearms. **R**

NOTE: THE ABOVE DETAIL OBJECTS FOR REPAIR AND MAINTENANCE MUST BE USED WHERE THE LABOR AND MERCHANDISE (SUPPLIES, EQUIPMENT, MATERIALS, REPLACEMENT FIXTURES, AND REPAIR PARTS) ARE FURNISHED BY THE SAME OUTSIDE CONTRACTOR.

- 1230 In-House Repair and Maintenance, Purchase of Merchandise, Minor Permanent Improvement Projects.
Charges for the direct purchase of supplies, equipment, materials, replacement fixtures and repair parts in connection with the repair and maintenance of real and personal property, Roads or permanent improvement projects not exceeding \$5000 where the labor will be performed by the agency's employees. Also included are purchases of merchandise stored for later use on as needed basis regardless of whether the labor is to be performed by an agency's employees or a different vendor. NOTE: Only purchases of equipment incorporated into and becoming a part of the property repaired can be charged to this detail object. Tools used in repair and maintenance must be charged to 1540 or 1395. **NR**
- 1231 Rental, Office Equipment.
Charges for rent of postage meters, calculating machines, or other office equipment. If the rental agreement includes removal and installation or repair and maintenance services, which are not separately billed, the total rental cost is chargeable to this account. However, if such services are separately billed, they should be charged to account 1221. **R**
- 1232 Rental, Motor Vehicles.
Charges for hire or conveyance - passenger automobile, bus, aircraft, boats or truck -

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including where incident to such rental, the service of a driver. For the rental of motor vehicles on a continuing basis not for specific incidents of travel but for use on an as needed basis including payments made by State agencies directly to the State Garage Revolving Fund. However, auto rental, when in a travel status, is chargeable to the appropriate travel detail object code when for specific incidents of travel. **R**

- 1233 Rental, Real Property.
Charges for rent of office, storage, garage, dock, or other building space, and for rental of land and parking space. If incurred in connection with the data processing or telecommunications operations, and a specific EDP or Telecommunication appropriation is received, see accounts 1683 and 1722. **R**
- 1234 Rental, Machinery and Mechanical Equipment.
Charges for the rental of machinery and mechanical equipment, such as industrial or shop machinery and tools, and electronic equipment. **R**
- 1235 Rental, EDP Equipment.
When no specific appropriation is received for the purpose of EDP operation, this account should be used for the rental and time usage charges of EDP equipment. Examples are: computers and printers. **R**
- 1236 Facilities Management Revolving Fund Payments.
Payments for goods and services pursuant to the consolidation of Facility Management administered by the Department of Central Management Services and billed by the Facilities Management Revolving Fund. **NR**
- 1237 Rental, Film and Audio/Visual Aids.
Charges for the rental of audio/visual equipment and related materials, such as educational films, projectors, projection screens, tape recorders, tapes and earphones. **R**
- 1239 Rental, Not Elsewhere Classified.
Charges for rentals not chargeable to any of the above accounts, such as short-term rentals of conference rooms or exhibit space where no lease is obtained. **R**
- 1240 Statistical and Tabulation Services.
Charges for statistical and tabulating services performed by another organization such as a private computer service bureau or the Department of Central Management Services-Bureau of Information and Communication Services. **R**
- 1241 Medical Consultant Fees.
Charges incurred for the contractual services of medical consultants usually on a fee or per-diem basis rendered by non-employees (e.g., lectures, medical consultants). **R**

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COMMODITIES

1300 COMMODITIES

Defined by "An Act in relation to State Finance" (30 ILCS 105/15b) as follows:

"The item 'commodities' when used in an appropriation Act, means and includes expenditures in connection with current operation for the purchase of articles of a consumable nature which show a material change or appreciable depreciation with first usage and equipment having a unit value not in any instance exceeding \$100, but does not include any expenditure for library books, any expenditures for replacement fixtures or repair parts in connection with the repair and maintenance of property or equipment or expenditures included in 'permanent improvements' as defined in Section 21, 'operation of automotive equipment' as defined in Section 24.2 and 'telecommunications services' as defined in Section 24.3."

1302 PRINTING.

Defined by "An Act in relation to State Finance" (30 ILCS 105/15c) as follows:

"The item 'printing' when used in an appropriation Act means and includes expenditures for contracted services, materials and supplies where the principal function or purpose of the resulting product is the dissemination of printed information. These costs include all types of printing processes such as letterpress, offset and gravure, but not expenditures included in 'commodities' as defined in Section 15b and 'electronic data processing' as defined in Section 24.1." Printing includes charges for letterheads, printing paper, stationery, envelopes, printed forms, reports, pamphlets, binding, embossing (steel die), lithographing, photo-engraving, ruling, etc. **R**

1303 Revenue Stamps.

Charges (incurred only by the Department of Revenue) for real estate and cigarette revenue stamps. **NR**

1304 Office and Library Supplies.

Charges for office machine supplies such as ribbons, mailing supplies for office use and such items for office or libraries as pencils, ink, and disposable ash trays. If incurred in connection with the EDP or Telecommunications operations, and a specific EDP or Telecommunication appropriation is received, see accounts 1685 and 1730. **NR**

1308 Educational and Instructional Materials and Supplies.

Charges incurred for the purchase of consumable educational materials such as chalk,

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paper, pencils, art supplies, disposable workbooks, pre-printed pamphlets, and other commodities for instructional purposes. Charges incurred for non-consumable items such as blank video tapes, films, games, books, etc. must be charged to 1561 or 1398. **NR**

1310 Mechanical Supplies.

Charges for the acquisition of such commodities as: abrasives, alcohol, acids, soda ash and other chemicals for mechanical use, and gases for welding. All items should be classified under this account, even though used in connection with industries or shops. **NR**

1314 License Plates.

Charges for manufacture and delivery of license plates for automobiles and other vehicles. **NR**

1332 Industrial and Shop Materials.

Charges for the acquisition of materials fabricated into a finished commodity or item of equipment, whether in connection with a shop activity supported by a working fund, in connection with a shop activity supported by some other State fund. Covers textile, metal, leather, and lumber materials; wood and other vegetable fibers; dyes, chemicals and paints; and incidental materials such as twine, thread, yarn, tacks and nails, buttons and other fasteners, and the leather bindings, when purchased for fabrication in an industry or shop. Also includes materials used in the production of food intended for resale. Supplies consumed in such industries or shops should be charged to such other "Commodities" accounts as is appropriate. **NR**

1335 Rock Salt, Calcium Chloride and Abrasives.

Charges for the acquisition of rock salt and calcium chloride which are used on public roads, facility grounds and sidewalks for melting ice and snow. Includes charges for abrasives which are used on icy roads for safety purposes. **NR**

1341 Coal and Coke.

Charges for the acquisition of coal or coke, including related freight or switching charges, whether or not separately invoiced. **NR**

1342 Fuel Oil and Bottled Gas.

Charges for the acquisition of oil or bottled gas for use as fuel in power or heating plants or oil stoves, including related freight or switching charges, whether or not separately invoiced. Motor fuel for vehicle or stationary gasoline engines, however, is chargeable to account 1345. **NR**

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- 1989 STATE WITHHOLDING TAX-SECTION 708 NON-RESIDENT CONTRACTUAL SERVICES
Payments to the State for State Income Tax withheld from non-resident individuals meeting guidelines issued by the Department of Revenue under certain personal contracts and certain prizes and awards. **NR**
- 1990 IRS Tax Levy
Payments to the Federal Internal Revenue Service from the State Offset Claims Fund as a result of IRS tax levies. **NR**
- 1991 INTEREST PENALTY – PROMPT PAYMENT ACT – CURRENT YEAR
Payments to vendors for interest penalty incurred pursuant to the State Prompt Payment Act paid out of the current year’s appropriation. **R**
- 1992 LOCAL GOVERNMENT DEBT COLLECTION PAYMENTS
Payments made to a local government for debt collected by the IOC offset system. **NR**
- 1993 INTERFUND CASH TRANSFERS
Payments made to another fund; for example, an appropriation made to a Revolving Fund to be paid from the General Revenue Fund. **NR**
- 1994 OTHER INTEREST PENALTY – Not Elsewhere Classified
All payment of interest penalty not subject to the State Prompt Payment Act, including, but not limited to, payments to health care providers pursuant to the Illinois Insurance Code and payments to the Federal Government pursuant to the Federal Cash Management Improvement Act. Excludes payments for interest penalty related to the State Prompt Payment Act (30 ILCS 540). **R**
- 1997 CONTINGENCIES (TRANSFERS-OUT ONLY)
To be used only in connection with contingency appropriations. This account is to be used when processing an appropriation transfer request. **NR**
- 1998 GARNISHMENT, LEVY AND ASSIGNMENT PAYMENTS
Garnishment, levy and assignment payments made from the Garnishment Fund pursuant to a court directive. **NR**

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AWARDS AND GRANTS

Defined by "An Act in relation to State Finance" (30 ILCS 105/24.5) as follows:

"Awards and grants' includes payments for: Awards and indemnities, pensions and annuities (other than amounts payable for personal services as defined in Section 14): shared revenue payments or grants to local governments or to quasi-public agencies; and gratuitous payments to, or charges incurred for the direct benefit of, natural persons who are not wards of the State. Payments to any local government as reimbursement for costs incurred by it in performing an activity for which it is specifically by statute made an agent of the State shall be chargeable to and classified under the same item or account as though such costs were incurred directly by the State."

4300 AWARDS AND GRANTS – RESTRICTED USE – IOC AUTHORIZATION REQUIRED

The 4300 detail object code series is restricted for use by agencies that have prior written approval from the Office of the Comptroller. The 4300 detail object code series designates that the payments will be processed by alternate SAMS procedures with respect to Involuntary Withholding requirements. The description and IRS reportable status of the detail object code in the 4300 series are identical to the corresponding detail object codes in the 4400 series. For example, detail object code 4361 has the same description and IRS reportable status as 4461.

4400 AWARDS AND GRANTS

- 4401 Services for Benefit Recipients, Payments to Providers.
Payments made **DIRECTLY TO SERVICE PROVIDERS**, other than medical service providers, for services to the mentally ill, the developmentally disabled, the chemically dependent, and other aided persons who are not wards of the State. Includes payments for counseling; case management; job placement preparation; training and instruction; nonmedical home support and maintenance; alcohol and drug prevention and treatment; and crisis intervention. Includes payments to service providers for transporting benefit recipients and transportation costs related to medical treatment for recipients. Excludes medical services (4460, 4467), payments to benefit recipients (4461, 4464), and payments on behalf of benefit recipients for in-home domestic services (4465, 4466). **R**
- 4402 Home-Based Support Services for the Mentally Ill, Payments to Providers.
Payments made **DIRECTLY TO SERVICE PROVIDERS** for home-based support services to the mentally ill or developmentally disabled, with the exception of in-home domestic services which are chargeable to detail object 4466. **R-M**

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Corporate Accountability for Tax Expenditure Act (20 ILCS 715/25)

The Corporate Accountability for Tax Expenditure Act requires all development assistance agreements contain recapture provisions pursuant to Section 25 of the Act.

Applicable only to select grants from the Office of the Treasurer or the Department of Commerce and Economic Opportunity (DCEO), Transportation (IDOT), or Revenue (IDOR).

Prevailing Wage Act

Section 1 of the Prevailing Wage Act (820 ILCS 130/1) provides as follows:

“It is the policy of the State of Illinois that a wage of no less than the general prevailing hourly rate as paid for work of a similar character in the locality in which the work is performed, shall be paid to all laborers, workers and mechanics employed by or on behalf of any and all public bodies engaged in public works.”

Illinois Grant Funds Recovery Act (30 ILCS 705/4(b))

“Grant funds may not be used except pursuant to a written grant agreement, and any disbursement of grant funds without a grant agreement is void. At a minimum, a grant agreement must:

- (1) describe the purpose of the grant and be signed by the grantor agency making the grant and all grantees of the grant;
- (2) specify how payments shall be made, what constitutes permissible expenditure of the grant funds, and the financial controls applicable to the grant, including, for those grants in excess of \$25,000, the filing of quarterly reports describing the progress of the program, project, or use and the expenditure of the grant funds related thereto;
- (3) specify the period of time for which the grant is valid and, subject to the limitation of Section 5, the period of time during which grant funds may be expended by the grantee;
- (4) contain a provision that any grantees receiving grant funds are required to permit the grantor agency, the Auditor General, or the Attorney General to

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- inspect and audit any books, records, or papers related to the program, project, or use for which grant funds were provided;
- (5) contain a provision that all funds remaining at the end of the grant agreement or at the expiration of the period of time grant funds are available for expenditure or obligation by the grantee shall be returned to the State within 45 days; and
 - (6) contain a provision in which the grantee certifies under oath that all information in the grant agreement is true and correct to the best of the grantee's knowledge, information, and belief; that the funds shall be used only for the purposes described in the grant agreement; and that the award of grant funds is conditioned upon such certification."

Illinois Procurement Code (references by citation only):

Emergency Purchases 30 ILCS 500/20-30(a)

Duration of Contracts 30 ILCS 500/20-60(a)

Appropriation Contingency 30 ILCS 500/20-60(b)

Right to Audit Records 30 ILCS 500/20-65

Filing with Comptroller 30 ILCS 500/20-80(b)

Late Filing Affidavit 30 ILCS 500/20-80(c)

Timely Execution of Contracts 30 ILCS 500/20-80(d)

Subcontractors 30 ILCS 500/20-120

State Board of Elections 30 ILCS 500/20-160(b)

Successor Contractor 30 ILCS 500/25-80

Length of Leases 30 ILCS 500/40-25

Environmentally Preferable Procurement 30 ILCS 500/45-26

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Bribery 30 ILCS 500/50-5(a)

Felons 30 ILCS 500/50-10

Prohibited Bidders and Contractors 30 ILCS 500/50-10.5

Debt Delinquency 30 ILCS 500/50-11

Illinois Use Tax 30 ILCS 500/50-12

Environmental Protection Act 30 ILCS 500/50-14

Lead Poisoning Prevention Act 30 ILCS 500/50-14.5

Revolving Door Prohibition 30 ILCS 500/50-30

Financial Disclosure and Potential Conflicts of Interest 30 ILCS 500/50-35

Disclosure of Business in Iran 30 ILCS 500/50-36

Public Works Employment Discrimination Act (by citation only)

775 ILCS 10/0.01

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PROCEDURE	SYSTEMS CONTROL	REVISION NUMBER 18-001

SYSTEMS CONTROL

The obligation accounting system provides computer reports detailing each agency's obligation transactions. Computer reports provide information necessary for each agency to reconcile their obligation balances with those maintained by the Comptroller.

Monthly Obligation Activity Report (Exhibit 15.30.20-A)

The Comptroller provides a monthly report listing the obligation transactions processed against each agency's accounts. The report is available at www.illinoiscomptroller.gov.

The monthly Obligation Activity Report provides unliquidated obligation balances at two levels:

- At the detail level for each obligation that was "open" during the month
- At a summary level for each expenditure authority account having "open" obligations during the month

Detail obligation activity is in the following order on the report:

- Agency
- Fiscal year
- Appropriation account code
- Obligation number
- Transaction amount
- Individual transactions

The monthly activity includes transactions establishing or amending obligations and vouchers processed reducing previously recorded obligations.

The following information is provided at the detail level for each obligation that was "open" during the month:

- Unliquidated obligation balance at the beginning of the month
- Listing of all monthly activity against the "open" obligation
- Unliquidated obligation balance at the end of the month
- Summarization of all detail activity at the expenditure authority account level

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Agency Contract Report (Exhibit 15.30.10-A)

Implementing Section 19 of the State Comptroller Act, the Agency Contract Report is available at www.illinoiscomptroller.gov. The report is a listing of all Procurement, Professional or Artistic contracts, Construction, Financial Assistance, other contractual service agreements, leases for real property, and other leases filed by State agencies to satisfy the requirements of Section 7 of the State Comptroller Act, Section 20-80 of the Illinois Procurement Code, and Section 9 of the State Finance Act. The report is arranged in seven sections for each agency and is available for public inspection at the Comptroller's Office. Each section is arranged by contract or lease number within the agency.

Detail contract information is in the following order on the report:

- Fiscal Year
- Agency Name
- Contract Type
- Contract/Obligation Number
- Class Code
- Taxpayer Identification Number (last 4 digits only)
- Legal Status
- Vendor Name
- Address (city, state, zip code only)
- Contract Description
- Term of Contract
- Current Year Contract
- Maximum Amount
- Annual Amount
- YTD Obligation Amount
- YTD Voucher Amount
- Award Code
- Method of Compensation
- Appropriation Account Code Contract Payable From
- Contract Type Total
- Agency total

For more detailed summary of the report see section 15.30.10.

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Reconciliation of the Monthly Obligation Activity Report and Agency Contract Report.

Each agency must verify and reconcile to internal records all monthly transactions processed by the Comptroller. (See 15.30.20) Errors in processing agency obligation transactions can result in erroneous account balances, and may cause the rejection of subsequent vouchers or obligations. These reconciliations must be completed within 60 days of the month end.

PRE-AUDIT

Obligation documents and any attached contracts or leases will be preaudited before entering the system for processing to ensure that:

- The obligation document contains accurate information in all data input fields, as specified in 15.20.10.
- The abstract information is completed on the Contract Obligation Document form.
- All statutory contract filing requirements are met.
- Specified contract content is met.
- Contract signature requirements include:
 - The agency signatory must have a Contract Authorization Signature Form (Form SCO-470) on file with the Comptroller's Office prior to filing a contract or affidavit.
 - Each designee must have written approval by the agency head in the form of a Contract Signature Authorization Form on file with the Comptroller's Office prior to executing a contract or affidavit.
 - Every contract signatory must have their name and title typed or printed legibly below their actual signature. If executed by a designee, the name and title of the agency head and designee are required.
 - Every contract signature must be dated.

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- When any delegation of authority is revoked, the revocation of authority must be filed with the Comptroller’s Office via a Contract Signature Revocation Form. (See 15.20.96.)

Any obligation document and/or attachment that does not meet all preaudit tests will be returned to the agency for correction and resubmission.

Obligations Delete Slip (Exhibit 15.10.50-A)

State agencies will have five full days from the date of initial entry to correct any errors discovered through SAMS electronic edits or manual pre-audit. If the errors are not corrected in a timely manner, the transaction will be deleted from SAMS and the contract will be returned with a Deleted Documents Report (Exhibit 15.10.50-A).

Obligations Error Messages for Online Agencies (Exhibit 15.10.50-B)

For errors detected during the Comptroller’s manual pre-audit, the pre-audited obligation (PO) will be put “on hold” and the error message will be typed in SAMS screen POTX on line 98 and text lines 008-010 (Exhibit 15.10.50-B).

Comptroller's Agency Contacts

The Comptroller periodically provides certain reports and forms to agencies detailing the transactions and account status of the agencies. It is important that the Comptroller's Office have on file accurate information specifying the agency personnel who will receive the forms and reports and will perform necessary reconciliations. Agencies must report in writing to the Comptroller's Obligations Section any changes in office location or agency personnel which affects the distribution of these reports and forms.

Deletion Requests From Agencies

To delete a document in the suspense file (SUSF), the agency must submit the request in writing on the “PO DELETION REQUEST” form (Exhibit 15.10.50-C). This document may be faxed. The form can be found at <http://illinoiscomptroller.gov/agencies/accounting-forms/sco-052-po-deletion-request/>.

July 1, 2011

(12-001)



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

ILLINOIS OFFICE OF THE COMPTROLLER
325 W. ADAMS STREET
SPRINGFIELD, ILLINOIS 62704-1871
FAX (217) 782-9151

PO DELETION REQUEST

AGENCY NUMBER _____

OBLIGATION NUMBER (as it appears on SUSF): _____

REASON FOR DELETION _____

REQUESTER'S NAME: _____

SIGNATURE _____

REQUESTER'S PHONE NUMBER: _____

DATE OF REQUEST: _____

(COMPTROLLER USE ONLY)

DELETED BY: _____

DATE OF DELETION: _____



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(7) Legal Status

Enter the Legal Status in the appropriate block. (See Exhibit 15.20.10-F) Must correspond to status indicated on TIN certification.

(8) Contract Action

Indicate the type of contract action desired: new, to establish a contract for the present fiscal year; change, for any subsequent action to the contract on file (i.e., amend a contract, adding new appropriation account codes, etc.);

(9) Class Code.

Enter 2-digit class code. (See Exhibit 15.20.10-G)

(10) Governor's Release Number

Enter the Governor's Release Number, if applicable.

(11) Vendor's Name and Address

Enter the name and address of the vendor to whom payment(s) will be made. The vendor name on the Contract Obligation Document (C-23) should be in the same configuration or format as the vendor name on the invoice-voucher. See SAMS Procedure 19.10.30 for guidelines on the structure of vendor names.

(12) Appropriation Account Code

Enter the 16-digit appropriation account code to which the proposed expenditure is to be charged. If more than one appropriation account code pertains to the same obligation, each appropriation account code must be listed on the form.

(13) Obligation Amount

Enter the amount (up to 10 digits) of the obligation to be paid from each appropriation account code cited. When establishing an obligation for operational expenditure authority accounts which require full obligation (See Section 11), the total transaction amount must equal the total amount of the contract. For an increase or decrease to an obligation, enter only the amount of the contract amendment.

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(14) Multiple Year Contract (if applicable)

Enter the beginning and ending dates of those contracts entered into for more than one fiscal year (month-day-year format). The original dates must remain the same for the duration of the contract unless the following requirements are met:

- If the multi-year dates must be amended, a two party signed agreement is required.
- If the contract allows for a change in the multi-year dates without amendment, the COD description must describe the reason for the change in the term and identify the applicable portion of the contract that allows for it.
- Maximum Duration: a contract may be entered into for any period of time deemed to be in the best interest of the State but not exceeding 10 years. Illinois Procurement Code, 30 ILCS 500/20-60.

NOTE: Whenever a multi-year contract for equipment (where title may pass to the lessee) is filed with the Comptroller's Office, an Accounting for Leases-Lessee form (SCO-560) must be mailed to the Financial Reporting section at the IOC, provided the fair market value of the asset being leased is greater than \$5,000. This applies to all contracts with a type code of 38 or 39 and some contracts with a type code of 31. For further information see SAMS Procedure 27.20.60.

NOTE: Leases of Real Property and Capital Improvement leases: Leases shall be for a term not to exceed 10 years and shall include a termination option in the favor of the State after 5 years. Illinois Procurement Code, 30 ILCS 500/40-25.

(15) Maximum Contract Amount

Enter the total of current and future year amounts reported in SAMS for the obligation.

(16) Current Fiscal Year of Contract

Enter the beginning and ending dates of the contracts pertaining to the current fiscal year.

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(17) Annual Contract Amount

Enter the total amount payable under this contract for the current fiscal year, including reimbursement expenses, if applicable. Obligated amounts for estimated contracts should reflect the total estimated amount for the current fiscal period.

(18) Multiple Year Contract Amounts

Enter the dollar amount payable for each subsequent year 2 through 7. In the event the contract extends beyond 7 years the cumulative dollar amount for years 7 and over should be entered in year 7. After the first year of a multiple year contract, all subsequent fiscal years are moved forward one block, i.e., the amount to be paid for the second year is entered in the annual contract amount block, the amount to be paid for the third fiscal year is entered in the second year's block, etc. Again, these data fields must reflect the current and future fiscal years' liabilities of the contracts.

(19) Description

Enter a reasonably detailed description of the contract or lease which must include items such as:

- “Not to Exceed” maximum amount, if applicable
- type of service to be rendered
- items being leased, etc.
- where service is received
- real property shall include location of property (square footage, address and county)
- master contract reference number, if applicable
- for award code M, an explanation of other method of source selection
- for award codes N-Z, a brief description for the exemption citing the applicable statutory reference

NOTE: Subsequent fiscal year filings of multiple year contracts must contain a complete description as originally filed to include the prior year's obligation/contract number. DO NOT use just "Reference back to Contract" as a description.

(20) Method of Compensation

Enter the rate and unit of measurement upon which payments will be based, e.g., \$35.00 per HR (hour). If multiple rates apply, enter "00" in rate field and MR in "time" field and attach a rate sheet. DO NOT merely reference a rate sheet as a method of compensation. The rate sheet must be attached.

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Use the following abbreviations to describe the unit of measurement.

AC	Acre	AN	Annual
BM	Bi-monthly	BW	Bi-weekly
CF	Cubic Foot	CS	Case
CY	Cubic Yard	DY	Day
EA	Each	FR	Flat Rate
GA	Gallon	HR	Hour
KG	Kilogram	LB	Pound
MI	Mile	MO	Month
MR	Multiple Rate	OT	Other
OZ	Ounce	PC	Percentage
PR	Person	QT	Quarter
SA	Semi-annual	SF	Square Foot
SY	Square Yard	TN	Ton
WK	Week		

(21) Procurement Information

Enter the applicable award code and related procurement information.

Award Code

Award Code identifies the method used to select the vendor associated with the contract/grant. Agencies under the jurisdiction of the Illinois Procurement Code (30 ILCS 500) that have **new** contracts/grants with beginning dates after June 30, 2007 must enter one of the following award codes:

Award Code Field	
Code	Description
A	Competitive Sealed Bidding (30 ILCS 500/20-10)
B	Competitive Sealed Proposal (30 ILCS 500/20-15)
C	Small Purchases (30 ILCS 500/20-20)
D	Sole Source Procurements (30 ILCS 500/20-25)
E	Emergency Purchases (30 ILCS 500/20-30)

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Award Code Field	
Code	Description
F	Construction-related Professional Services (30 ILCS 500/30-15)
G	Request for Information (30 ILCS 500/40-20)
H	State Use/Facilities for Persons with Severe Disabilities (30 ILCS 500/45-35)
I - K	Method of Source Selection – Reserved For Future Use
L	Lease Holdovers (30 ILCS 500/40-25(d))
M	Method of Source Selection – other (specify method on COD)
N	Exempt - other governments (30 ILCS 500/1-10(b)(1))
O	Exempt - grants (30 ILCS 500/1-10(b)(2))
P	Exempt - purchase of care (30 ILCS 500/1-10(b)(3))
Q	Exempt - hiring employees (30 ILCS 500/1-10(b)(4))
R	Exempt - collective bargaining contracts (30 ILCS 500/1-10(b)(5))
S	Exempt - purchase of real estate (30 ILCS 500/1-10(b)(6))
T	Exempt - legal services (30 ILCS 500/1-10(b)(7))
U - Y	Exempt – Reserved For Future Use
Z	Exempt – other (specify exemption on COD)

NOTE: Award codes A – L (except C – Small Purchases, H – State Use and L – Lease Holdovers) must also contain a reference number and publication date. Award code M must specify method of source selection on COD. Award codes N – Z must cite the applicable statutory reference that allows the exemption with a brief explanation in the description area of the COD.

Agencies outside the jurisdiction of the Illinois Procurement Code, regardless of the beginning dates of the contracts/grants, have the option to use the award codes from the table above (A – Z) or the table below (1 – 4).

Agencies under the jurisdiction of the Illinois Procurement Code with **existing** contracts/grants, including multiple year contracts/grants, with beginning dates prior to June 30, 2007, have the option to use the award codes from the table above (A – Z) or the table below (1 – 4).

Award Code Field	
Code	Description
1	Bids required
2	Exempt from bid
3	Exempt/bids obtained
4	Emergency Purchases

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.10 10 of 11
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2015
PROCEDURE	INPUT REQUIREMENTS	REVISION NUMBER 16-001

NOTE: If award codes 1 – 4 are used, the other procurement information fields on the COD are not required.

Publication Date

Enter the "published" date of the solicitation from the Department of Central Management Services (CMS) Procurement Bulletin Board. For contracts/grants not awarded through CMS, enter the published date of solicitation from the appropriate Bulletin Board.

Reference Number

Enter the reference number of the solicitation from the CMS Procurement Bulletin Board. For contracts/grants not awarded through CMS, enter the reference number from the appropriate Bulletin Board.

Subcontractor Utilization (Y/N)

Indicate whether or not subcontractors may be utilized under the contract, pursuant to the Illinois Procurement Code (30 ILCS 500/20-120).

Subcontractor Disclosure (Y/N)

Indicate whether or not subcontractor information has been disclosed in the contract, pursuant to the Illinois Procurement Code (30 ILCS 500/20-120).

(22) Travel Expenses

Indicate whether or not the contract includes travel expenses. Enter the amount if travel expenses are included.

(23) Advance Payment

Indicate whether the contract allows for advance pay.

(24) Document Preparation

Enter the name of the individual who prepared the Contract Obligation Document (C-23) and the contracting agency and division.

**STATE OF ILLINOIS
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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.30 3 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	PROFESSIONAL OR ARTISTIC CONTRACTS	REVISION NUMBER 18-001

- Contracts subject to the "State Indemnification Act," (5 ILCS 350/1) et seq., must be approved by the Attorney General before being filed with the Comptroller.
 - This requirement does not apply to universities. The 30-day filing requirement established by Section 20-80 of the Illinois Procurement Code shall run from the date of approval.
 - All contracts for legal services (detail object 1244) filed with the Comptroller not subject to the State Indemnification Act must contain the following statement or words of similar import in the description block for the COD - Contract Obligation Document (C-23): "This contract is not subject to the State Indemnification Act."
- State Board of Elections Certification.
- Subcontractor Utilization Statement.
- Subcontractor Disclosures, if applicable.
- Successor contractor certification, if applicable.
- Such other provisions as may be specifically required by law.
- Any other information deemed necessary or advisable by the agency or the Attorney General.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.35 3 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONSTRUCTION CONTRACTS	REVISION NUMBER 18-001

- Contractor's Federal Taxpayer Identification Number and Legal Status Disclosure Certification.
- Successor Contractor Certification - all service contracts, excluding HVAC, plumbing and electrical services.
- Such other provisions as may be specifically required by law.
- Any other information deemed necessary or advisable by the agency or the Attorney General.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.50 3 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	OTHER CONTRACT LIABILITIES	REVISION NUMBER 18-001

- Illinois Use Tax Certification.
- International Anti-Boycott Certification for contracts that exceed \$10,000.
- Right to Audit Records Clause.
- Steel Products Procurement Certification for contracts for construction, reconstruction, alteration, repair, improvement or maintenance of public works.
- State Board of Elections Certification.
- Subcontractor Utilization statement.
- Subcontractor Disclosures, if applicable.
- Contractor's Federal Taxpayer Identification Number and Legal Status Disclosure Certification.
- Successor Contractor certification, if applicable.
- Such other provisions as may be specifically required by law.
- Any other information deemed necessary or advisable by the agency or the Attorney General.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.95 1 of 2
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTRACT SIGNATURE AUTHORIZATION FORM (SCO-470)	REVISION NUMBER 18-001

CONTRACT SIGNATURE AUTHORIZATION FORM (SCO-470)

PURPOSE

The Contract Signature Authorization Form (SCO-470) is available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>. This form is used to provide specimen signatures to the Comptroller for persons authorized to sign the agency head approval line on contracts, interagency agreements, purchase orders, grants or leases, hereafter referred to as "contracts" (30 ILCS 105/10). The form is also prepared for designees authorized to affix the signature of the agency head on the agency head approval line on contracts, such as with a stamp or signature machine (30 ILCS 105/9.02).

TIMING REQUIREMENTS

Frequency of submission of new Contract Signature Authorization Forms is dependent on when the use of a signature is authorized or the period for which the signature was valid has lapsed. Agencies **must** notify the Comptroller when a Contract Signature Authorization Form on file should be revoked. Notification must be submitted via a Contract Signature Revocation Form (available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>).

DISTRIBUTION

The Contract Signature Authorization Form is prepared and filed with the Comptroller. Forms may be submitted to the Comptroller's office through:

Email: obligations@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each agency document should be scanned as a separate document. Multiple forms can be sent in one email.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.95 2 of 2
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2016
PROCEDURE	CONTRACT SIGNATURE AUTHORIZATION FORM (SCO-470)	REVISION NUMBER 17-001

CONTENTS

Contract Signature Authorization Forms are prepared individually for each agency head and designee. All fields on the form are required and are to be typed or printed. Refer to Exhibits 15.20.95-A & B.

NOTE: This form is applicable to contracts only. Please see the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms> for available forms.

REFERENCE - Corresponds to the Line/Section Number on the form.

- 1) Type/print the full agency name. Do not abbreviate.
- 2) Type/print the three-digit agency code as per Procedure 11.50.40: Organization Unit Code Assignment.
- 3) Provide the name, phone number and email of the individual to be contacted regarding signature authorizations for contracts.
- 4) Type/Print the name of either the agency head or designee who will be given authority to sign or affix the signature of the agency head.
- 5) Specimen Signature:
 - a. If #4 is the agency head, the agency head must sign or affix his/her signature.
 - b. If #4 is a designee, the designee must sign or affix the signature or facsimile (stamp or electronic) signature of the agency head and his/her original signature ***precisely*** as it will appear on the contract.
 - c. **Initials are not acceptable.**
- 6) Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.
- 7) Type/print the agency head's title and agency name into the agency head Approval block.
- 8) The agency head must sign the Approval block. Type/print the name of the agency head.



CONTRACT SIGNATURE AUTHORIZATION FORM
 (SAMS PROCEDURE 15.20.95)

The **Contract Signature Authorization Form** is used to provide specimen signatures to the Comptroller for persons authorized to sign the Agency Head approval line on contracts, interagency agreements, purchase orders, grants and leases.

Contract Signature Authorization Forms should be emailed to:

obligations@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) **AGENCY NAME** (Do Not Abbreviate): Lake Area Development Agency

2) **AGENCY CODE** (Three-digit Number): 999

3) **AGENCY CONTACT INFORMATION** (The individual to be contacted regarding this signature authorization form):

Name (Type/Print): Susan Contact

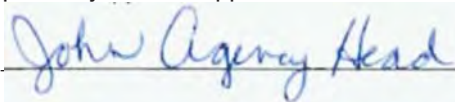
Phone Number: 217-782-XXXX

Email Address: susan.contact@illinois.gov

4) **NAME OF AGENCY HEAD OR DESIGNEE** (Type/Print the name of either the Agency Head or designee authorized to sign or affix the signature of the Agency Head):

John Agency Head

5) **SPECIMEN SIGNATURE** (The designee must sign [not print]/affix the Agency Head's name followed by his/her name precisely as it will appear on the contract—initials are not acceptable):



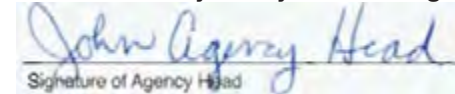
6) **EFFECTIVE DATE OF AUTHORIZATION***: 7/1/2017

7) **APPROVAL** (Type/Print the title and agency name into the certification):

I certify that I am the elected/appointed Director of the
(Title of Agency Head)

Lake Development Agency
(Name of Agency)

I hereby approve the signature delegation authorized above for the purposes of signing contracts and/or associated affidavits. **I hereby certify that the original signed document exists in my possession.**

8) 
Signature of Agency Head

John Agency Head
Type/Print Name of Agency Head

*Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.





CONTRACT SIGNATURE AUTHORIZATION FORM
 (SAMS PROCEDURE 15.20.95)

The **Contract Signature Authorization Form** is used to provide specimen signatures to the Comptroller for persons authorized to sign the Agency Head approval line on contracts, interagency agreements, purchase orders, grants and leases.

Contract Signature Authorization Forms should be emailed to:

obligations@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) **AGENCY NAME** (Do Not Abbreviate): Lake Development Agency

2) **AGENCY CODE** (Three-digit Number): 999

3) **AGENCY CONTACT INFORMATION** (The individual to be contacted regarding this signature authorization form):

Name (Type/Print): Susan Contact

Phone Number: 217-782-XXXX

Email Address: susan.contact@illinois.gov

4) **NAME OF AGENCY HEAD OR DESIGNEE** (Type/Print the name of either the Agency Head or designee authorized to sign or affix the signature of the Agency Head):

John Authorized Person

5) **SPECIMEN SIGNATURE** (The designee must sign [not print]/affix the Agency Head's name followed by his/her name precisely as it will appear on the contract—initials are not acceptable):

John Agency Head by John Authorized Person

6) **EFFECTIVE DATE OF AUTHORIZATION***: 7/1/2017

7) **APPROVAL** (Type/Print the title and agency name into the certification):

I certify that I am the elected/appointed Director of the
(Title of Agency Head)

Lake Development Agency
(Name of Agency)

I hereby approve the signature delegation authorized above for the purposes of signing contracts and/or associated affidavits. **I hereby certify that the original signed document exists in my possession.**

8) John Agency Head John Agency Head
Signature of Agency Head Type/Print Name of Agency Head

*Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.96 1 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTRACT SIGNATURE REVOCATION FORMS (SCO-470-A and SCO-470-B)	REVISION NUMBER 18-001

**CONTRACT SIGNATURE REVOCATION FORMS
(SCO-470-A and SCO-470-B)**

PURPOSE

Agencies **must** notify the Comptroller when a Contract Signature Authorization Form on file should be revoked. Notification may be submitted via a Contract Signature Revocation Form (available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>).

TIMING REQUIREMENTS

Frequency of submission of Contract Signature Revocation Forms is dependent on when signature authorization is revoked or the period for which the signature was valid has lapsed.

DISTRIBUTION

One Contract Signature Revocation Form is prepared and filed with the Comptroller. Forms may be submitted to the Comptroller's office through:

Email: obligations@illinoiscomptroller.gov

The original signed document must be maintained by the Agency as required by the Record Retentions Policy. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

CONTENTS

CONTRACT SIGNATURE REVOCATION FORM – DESIGNEE (SCO-470-A)

The Contract Signature Revocation Form – Designee is used to revoke specimen signatures for persons authorized to sign the agency head approval line on contracts on behalf of the agency head. All fields on the form are required and are to be typed or printed. Refer to Exhibit 15.20.96-A.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.96 2 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTRACT SIGNATURE REVOCATION FORMS (SCO-470-A and SCO-470-B)	REVISION NUMBER 18-001

NOTE: This form is applicable to revocations for contracts only. A separate form is required for Voucher Signature Revocations (SCO-095-A or SCO-095-B). All forms are available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>.

REFERENCE - Corresponds to the Line/Section Number on the form.

- 1) Type/print the full agency name. Do not abbreviate.
- 2) Type/print the three-digit agency code as per Procedure 11.50.40: Organization Unit Code Assignment.
- 3) Provide the name, phone number and email of the individual to be contacted regarding signature revocations for contracts.
- 4) Type/Print the name of the designee previously authorized to sign or affix the signature of the agency head on contracts.
- 5) Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.
- 6) An authorized representative must sign the Approval block. Type/print the name and title of the authorized representative whose signature appears on the form.

CONTRACT SIGNATURE REVOCATION FORM – AGENCY HEAD (SCO-470-B)

The Contract Signature Revocation Form – Agency Head is prepared when the authority for a previous agency head and all designees is to be revoked. All fields on the form are required and are to be typed or printed. Refer to Exhibit 15.20.96-B.

NOTE: This form is applicable to revocations for contracts only. A separate form is required for Voucher Signature Revocations (SCO-095-A or SCO-095-B). All forms are available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>.

**STATE OF ILLINOIS
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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.96 3 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTRACT SIGNATURE REVOCATION FORMS (SCO-470-A and SCO-470-B)	REVISION NUMBER 18-001

REFERENCE - Corresponds to the Line/Section Number on the form.

- 1) Type/print the full agency name. Do not abbreviate.
- 2) Type/print the three-digit agency code as per Procedure 11.50.40: Organization Unit Code Assignment.
- 3) Provide the name, phone number and email of the individual to be contacted regarding signature revocations for contracts.
- 4) Type/Print the name of the previous agency head.
- 5) Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.
- 6) An authorized representative of the agency must sign the Approval block. Type/print the name and title of the authorized representative whose signature appears on the form.



**CONTRACT SIGNATURE REVOCATION FORM –
DESIGNEE (SAMS PROCEDURE 15.20.96)**

The **Contract Signature Revocation Form - Designee** form is used to revoke specimen signatures for persons authorized to sign the Agency Head approval line on contracts, interagency agreements, purchase orders, grants and leases.

Contract Signature Revocation Form - Designee forms should be emailed to:

obligations@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) **AGENCY NAME** (Do Not Abbreviate): Lake Development Agency

2) **AGENCY CODE** (Three-digit Number): 999

3) **AGENCY CONTACT INFORMATION** (The individual to be contacted regarding this signature revocation form):

Name (Type/Print): Susan Contact

Phone Number: 217-782-XXXX

Email Address: susan.contact@illinois.gov

4) **NAME OF PERSON PREVIOUSLY AUTHORIZED TO SIGN OR AFFIX THE AGENCY HEAD SIGNATURE**
(Type/Print the name of the individual previously authorized to sign or affix the signature of the Agency Head):

John Authorized Person

5) **EFFECTIVE DATE OF REVOCATION*:** 7/1/2017

6) By signing this form, I am requesting that the Comptroller’s Office revoke signature authority for the above-named Agency Head signature designee on the effective date shown above. **I hereby certify that the original signed document exists in my possession.**


Signature of Authorized Representative

John Agency Head
Type/Print Name of Authorized Representative

Director
Type/Print Title of Authorized Representative

*Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.





**CONTRACT SIGNATURE REVOCATION FORM –
AGENCY HEAD (SAMS PROCEDURE 15.20.96)**

The **Contract Signature Revocation Form – Agency Head** form is used to revoke specimen signatures for the previous Agency Head and all associated designees authorized to sign the Agency Head approval line on contracts, interagency agreements, purchase orders, grants and leases.

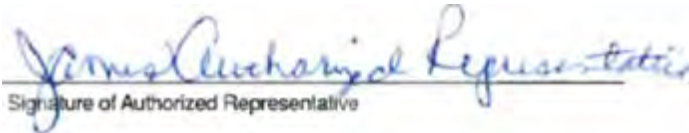
Contract Signature Revocation Form – Agency Head forms should be emailed to:

obligations@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

- 1) **AGENCY NAME** (Do Not Abbreviate): Lake Development Agency
- 2) **AGENCY CODE** (Three-digit Number): 999
- 3) **AGENCY CONTACT INFORMATION** (The individual to be contacted regarding this signature revocation form):
 - Name** (Type/Print): Susan Contact
 - Phone Number**: 217-782-XXXX
 - Email Address**: susan.contact@illinois.gov
- 4) **NAME OF PREVIOUS AGENCY HEAD** (Type/Print the name of the previous Agency Head):
John Agency Head
- 5) **EFFECTIVE DATE OF REVOCATION***: 7/1/2017
- 6) By signing this form, I am requesting that the Comptroller’s Office revoke signature authority for the above-named Agency Head and all associated designees on the effective date shown above. **I hereby certify that the original signed document exists in my possession.**


Signature of Authorized Representative

James Authorized Representative
Type/Print Name of Authorized Representative

Director
Type/Print Title of Authorized Representative

*Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.

**STATE OF ILLINOIS
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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.98 1 of 2
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CHIEF PROCUREMENT OFFICER (CPO) SIGNATURE AUTHORIZATION FORM (SCO-471)	REVISION NUMBER 18-001

**CHIEF PROCUREMENT OFFICER (CPO)
SIGNATURE AUTHORIZATION FORM (SCO-471)**

PURPOSE

The Chief Procurement Officer (CPO) Signature Authorization Form is available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>. This form is used by CPOs to provide specimen signatures to the Comptroller for persons authorized to sign the CPO approval line on Late Execution Waiver Requests. The form is also prepared for designees authorized to sign/affix the signature of the CPO on Late Execution Waiver Requests.

TIMING REQUIREMENTS

Frequency of submission of new Chief Procurement Officer (CPO) Signature Authorization Forms is dependent upon when the use of a signature is authorized or the period for which the signature was valid has lapsed. The Comptroller's Office **must** be notified when a Chief Procurement Officer (CPO) Signature Authorization Form on file should be revoked. Notification may be submitted via a Chief Procurement Officer (CPO) Signature Revocation Form (available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>).

DISTRIBUTION

One Chief Procurement Officer (CPO) Signature Authorization Form is prepared and filed with the Comptroller. Forms may be submitted to the Comptroller's office through:

Email: obligations@illinoiscomptroller.gov

The original signed document must be maintained at the office of the Chief Procurement Officer. Each form should be scanned as a separate document. Multiple forms can sent in one email.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.98 2 of 2
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2016
PROCEDURE	CHIEF PROCUREMENT OFFICER (CPO) SIGNATURE AUTHORIZATION FORM (SCO-471)	REVISION NUMBER 17-001

CONTENTS

Chief Procurement Officer (CPO) Signature Authorization Forms are prepared individually for each CPO and designee. All fields on the form are required and are to be typed or printed. Refer to Exhibits 15.20.98-A & B.

REFERENCE - Corresponds to the Line/Section Number on the form.

- 1) Provide the name, phone number and email of the individual to be contacted regarding signature authorizations for CPOs.
- 2) Check one box to establish the area of jurisdiction for the CPO.
- 3) Type/Print the name of either the CPO or designee authorized to sign or affix the signature of the CPO.
- 4) Specimen Signature:
 - a. If #4 is the CPO, the CPO must sign or affix his/her signature.
 - b. If #4 is a designee, the designee must sign or affix the signature or facsimile (stamp or electronic) signature of the CPO and his/her original signature *precisely* as it will appear on the Late Execution Waiver Request.
 - c. **Initials are not acceptable.**
- 5) Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.
- 6) The CPO must sign the Approval block. Type/print the name of the CPO.



**CHIEF PROCUREMENT OFFICER (CPO)
 SIGNATURE AUTHORIZATION FORM**
 (SAMS PROCEDURE 15.20.98)

The **Chief Procurement Officer (CPO) Signature Authorization Form** is used to provide specimen signatures to the Comptroller for persons authorized to sign as the CPO on Late Execution Waiver Requests. This form is also prepared for designees authorized to affix the signature of the CPO on Late Execution Waiver Requests.

Chief Procurement Officer (CPO) Signature Authorization Forms should be emailed to:

obligations@illinoiscomptroller.gov

The original signed document must be maintained at the office of the Chief Procurement Officer. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) CONTACT INFORMATION (The individual to be contacted regarding this signature authorization form):

Name (Type/Print): Jim Contact
Phone Number: 217-782-XXXX
Email Address: jim.contact@illinois.gov

2) AREA OF JURISDICTION (Check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Governor | <input checked="" type="checkbox"/> Comptroller | <input type="checkbox"/> Capital Development Bd (Construction) |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Dept of Transportation (Construction) |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Governor's Office of Management/Budget | <input type="checkbox"/> Institutions of Higher Education |
| <input type="checkbox"/> Secretary of State | <input type="checkbox"/> Auditor General | <input type="checkbox"/> General Services |
| <input type="checkbox"/> Other (Please specify): _____ | | |

3) NAME OF PERSON AUTHORIZED TO SIGN OR AFFIX CPO SIGNATURE (Type/Print the name of either the Chief Procurement Officer or designee authorized to sign or affix the signature of the Chief Procurement Officer):

John Chief Procurement Officer

4) SPECIMEN SIGNATURE (The designee must sign [not print]/affix the Chief Procurement Officer's name followed by his/her name precisely as it will appear on Late Execution Waiver Requests—initials are not acceptable):

John Chief Procurement Officer

5) EFFECTIVE DATE OF AUTHORIZATION*: 7/1/2017

6) APPROVAL

I certify that I am the Chief Procurement Officer. I hereby approve the signature delegation authorized above for the purposes of signing Late Execution Waiver Requests. **I hereby certify that the original signed document exists in my possession.**

John Chief Procurement Officer
 Signature of Chief Procurement Officer

John Chief Procurement Officer
 Type/Print Name of Chief Procurement Officer

*Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.





**CHIEF PROCUREMENT OFFICER (CPO)
 SIGNATURE AUTHORIZATION FORM**

(SAMS PROCEDURE 15.20.98)

The **Chief Procurement Officer (CPO) Signature Authorization Form** is used to provide specimen signatures to the Comptroller for persons authorized to sign as the CPO on Late Execution Waiver Requests. This form is also prepared for designees authorized to affix the signature of the CPO on Late Execution Waiver Requests.

Chief Procurement Officer (CPO) Signature Authorization Forms should be emailed to:

obligations@illinoiscomptroller.gov

The original signed document must be maintained at the office of the Chief Procurement Officer. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) CONTACT INFORMATION (The individual to be contacted regarding this signature authorization form):

Name (Type/Print): Jim Contact
Phone Number: 217-782-XXXX
Email Address: jim.contact@illinois.gov

2) AREA OF JURISDICTION (Check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Governor | <input checked="" type="checkbox"/> Comptroller | <input type="checkbox"/> Capital Development Bd (Construction) |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Dept of Transportation (Construction) |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Governor's Office of Management/Budget | <input type="checkbox"/> Institutions of Higher Education |
| <input type="checkbox"/> Secretary of State | <input type="checkbox"/> Auditor General | <input type="checkbox"/> General Services |
| <input type="checkbox"/> Other (Please specify): _____ | | |

3) NAME OF PERSON AUTHORIZED TO SIGN OR AFFIX CPO SIGNATURE (Type/Print the name of either the Chief Procurement Officer or designee authorized to sign or affix the signature of the Chief Procurement Officer):

John Authorized Person

4) SPECIMEN SIGNATURE (The designee must sign [not print]/affix the Chief Procurement Officer's name followed by his/her name precisely as it will appear on Late Execution Waiver Requests—initials are not acceptable):

John Chief Procurement Officer by John Authorized Person

5) EFFECTIVE DATE OF AUTHORIZATION*: 7/1/2017

6) APPROVAL

I certify that I am the Chief Procurement Officer. I hereby approve the signature delegation authorized above for the purposes of signing Late Execution Waiver Requests. **I hereby certify that the original signed document exists in my possession.**

John Chief Procurement Officer
 Signature of Chief Procurement Officer

John Chief Procurement Officer
 Type/Print Name of Chief Procurement Officer

*Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.



**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.99 1 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CHIEF PROCUREMENT OFFICER (CPO) SIGNATURE REVOCATION FORMS (SCO-471-A and SCO-471-B)	REVISION NUMBER 18-001

**CHIEF PROCUREMENT OFFICER (CPO) SIGNATURE REVOCATION FORMS
(SCO-471-A and SCO-471-B)**

PURPOSE

The Comptroller **must** be notified when the signature authorization of a Chief Procurement Officer (CPO) or his/her designees is revoked. Notification may be submitted via a Chief Procurement Officer (CPO) Signature Revocation Form (available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>) or by memorandum.

TIMING REQUIREMENTS

Frequency of submission of Chief Procurement Officer (CPO) Signature Revocation Forms is dependent on when signature authorization is revoked or the period for which the signature was valid has lapsed.

DISTRIBUTION

One Chief Procurement Officer (CPO) Signature Revocation Form is prepared and filed with the Comptroller. Forms may be submitted to the Comptroller's office through:

Email: obligations@illinoiscomptroller.gov

The original signed document must be maintained by the Agency as required by the Record Retentions Policy. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

**STATE OF ILLINOIS
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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.20.99 2 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2016
PROCEDURE	CHIEF PROCUREMENT OFFICER (CPO) SIGNATURE REVOCATION FORMS (SCO-471-A and SCO-471-B)	REVISION NUMBER NEW

CONTENTS

**CHIEF PROCUREMENT OFFICER (CPO) SIGNATURE REVOCATION FORM –
DESIGNEE (SCO-471-A)**

The Chief Procurement Officer (CPO) Signature Revocation Form – Designee is used to revoke specimen signatures for designees authorized to sign on behalf of the CPO on Late Execution Waiver Requests. All fields on the form are required and are to be typed or printed. Refer to Exhibit 15.20.99-A.

REFERENCE - Corresponds to the Line/Section Number on the form.

- 1) Provide the name, phone number and email of the individual to be contacted regarding CPO signature revocations.
- 2) Check one box to establish the relevant area of jurisdiction.
- 3) Type/Print the name of the designee previously authorized to sign or affix the signature of the CPO on Late Execution Waiver Requests.
- 4) Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.
- 5) An authorized representative must sign the Approval block. Type/print the name and title of the authorized individual whose signature appears on the form.

**CHIEF PROCUREMENT OFFICER (CPO) SIGNATURE REVOCATION FORM
(SCO-471-B)**

The Chief Procurement Officer (CPO) Signature Revocation Form is prepared when the authority for a previous CPO and all designees is to be revoked. All fields on the form are required and are to be typed or printed. Refer to Exhibit 15.20.99-B.



**CHIEF PROCUREMENT OFFICER (CPO)
 SIGNATURE REVOCATION FORM – DESIGNEE**
 (SAMS PROCEDURE 15.20.99)

The **Chief Procurement Officer (CPO) Signature Revocation Form – Designee** form is used to revoke specimen signatures for designees authorized to sign or affix the signature of the CPO on Late Execution Waiver Requests submitted to the Comptroller’s Office.

Chief Procurement Office (CPO) Signature Revocation Form – Designee forms should be emailed to:

obligations@illinoiscomptroller.gov

The original signed document must be maintained at the office of the Chief Procurement Officer. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) CONTACT INFORMATION (The individual to be contacted regarding this signature revocation form):

Name (Type/Print): Jim Contact
Phone Number: 217-782-XXXX
Email Address: jim.contact@illinois.gov

2) AREA OF JURISDICTION (Check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Governor | <input checked="" type="checkbox"/> Comptroller | <input type="checkbox"/> Capital Development Bd (Construction) |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Dept of Transportation (Construction) |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Governor’s Office of Management/Budget | <input type="checkbox"/> Institutions of Higher Education |
| <input type="checkbox"/> Secretary of State | <input type="checkbox"/> Auditor General | <input type="checkbox"/> General Services |
| <input type="checkbox"/> Other (Please specify): _____ | | |

3) NAME OF PERSON PREVIOUSLY AUTHORIZED TO SIGN OR AFFIX THE CPO SIGNATURE (Type/Print the name of the individual previously authorized to sign or affix the signature of the Chief Procurement Officer):

John Authorized Person

4) EFFECTIVE DATE OF REVOCATION*: 7/1/2017

5) By signing this form, I am requesting that the Comptroller’s Office revoke signature authority for the above-named Chief Procurement Officer designee on the effective date shown above. I hereby certify that the original signed document exists in my possession.

John Chief Procurement Officer
 Signature of Authorized Representative

John Chief Procurement Officer
 Type/Print Name of Authorized Representative

Chief Procurement Officer
 Type/Print Title of Authorized Representative

*Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.





**CHIEF PROCUREMENT OFFICER (CPO)
 SIGNATURE REVOCATION FORM**
 (SAMS PROCEDURE 15.20.99)

The **Chief Procurement Officer (CPO) Signature Revocation Form** is used to revoke specimen signatures for the previous Chief Procurement Officer and all associated designees authorized to sign Late Execution Waiver Requests submitted to the Comptroller's Office.

Chief Procurement Officer (CPO) Signature Revocation Forms should be emailed to:

obligations@illinoiscomptroller.gov

The original signed document must be maintained at the office of the Chief Procurement Officer. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) CONTACT INFORMATION (The individual to be contacted regarding this signature revocation form):

Name (Type/Print): Jim Contact
Phone Number: 217-782-XXXX
Email Address: jim.contact@illinois.gov

2) AREA OF JURISDICTION (Check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Governor | <input checked="" type="checkbox"/> Comptroller | <input type="checkbox"/> Capital Development Bd (Construction) |
| <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Dept of Transportation (Construction) |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Governor's Office of Management/Budget | <input type="checkbox"/> Institutions of Higher Education |
| <input type="checkbox"/> Secretary of State | <input type="checkbox"/> Auditor General | <input type="checkbox"/> General Services |
| <input type="checkbox"/> Other (Please specify): _____ | | |

3) NAME OF PREVIOUS CHIEF PROCUREMENT OFFICER (Type/Print the name of the previous Chief Procurement Officer):

John Chief Procurement Officer

4) EFFECTIVE DATE OF REVOCATION*: 7/1/2017

5) By signing this form, I am requesting that the Comptroller's Office revoke signature authority for the above-named Chief Procurement Officer and all associated designees on the effective date shown above. I hereby certify that the original signed document exists in my possession.

Ed Authorized Representative
 Signature of Authorized Representative

Ed Authorized Representative
 Type/Print Name of Authorized Representative

Chief Procurement Officer
 Type/Print Title of Authorized Representative

*Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.



**STATE OF ILLINOIS
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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.30.20 1 of 2
SUB-SECTION	OUTPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	OBLIGATION ACTIVITY REPORT	REVISION NUMBER 18-001

REPORT TITLE: Obligations Activity Report (SC 15)

PURPOSE: The Obligations Activity Report may be accessed on the Comptroller's website at www.illinoiscomptroller.gov under the Agencies tab. The report is a listing of all obligation related transactions processed during the month. The activity report contains the following at the detail level for each current obligation on file: establishments, increases, decreases, cancellations, voucher liquidations, and corrective action requested by the agency. It also contains information at the summary level for each expenditure authority account having obligation activity. The monthly Obligations Activity Report provides each agency with the information necessary for reconciling its internal records with those of the Comptroller.

The reconciling agency must notify the Comptroller's Office immediately of any discrepancies that require corrective action. (See procedure 15.30.30 for detailed instructions.)

Performing monthly reconciliation will ensure the accuracy of the agencies' internal records and the information processed by the Comptroller's Office. Agencies with access to SAMS automated records may perform alternate reconciliation methods.

SEQUENCE: Agency, Fiscal Year, Account Code, Obligation Number, Entry Date.

DISTRIBUTION: All Agencies.

CONTENTS

<u>REFERENCE</u>	<u>CONTENTS</u>
(1) Monthly Ending	Last day of the month for which any activity would be reflected.
(2) Agency	Name of the agency whose obligation transactions are listed.
(3) Fiscal Year	Fiscal year to which the obligation pertains.

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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.30.20 2 of 2
SUB-SECTION	OUTPUT PROCEDURES	EFFECTIVE DATE January 1, 2003
PROCEDURE	OBLIGATION ACTIVITY REPORT	REVISION NUMBER 03-003

REFERENCE

CONTENTS

- | | | |
|------|-------------------------|---|
| (4) | Appropriation | The 16-digit expenditure authority account code. |
| (5) | Obligation Number | The alphanumeric identifier used to identify an obligation within an expenditure authority account. |
| (6) | Prior Month Balance | Balance of the obligation as of the end of the previous month. |
| (7) | Transaction Date | The date the transaction occurred. |
| (8) | Voucher Number | The number of the voucher processed against the obligation is cited. |
| (9) | Obligations Established | The dollar value of each obligation established during the month. |
| (10) | Closed PO Amount | The amount by which the obligation is reduced by a voucher(s). |
| (11) | Payment Voucher | The dollar value of each voucher Amount processed against the obligation. |
| (12) | Current Month | The obligation balance on file at the end of the current month. |
| (13) | Amendments | The dollar value of each amendment which occurred during the month. |

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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.30.30 1 of 4
SUB-SECTION	OUTPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTRACT AND OBLIGATION RECONCILIATION	REVISION NUMBER 18-001

CONTRACT AND OBLIGATION RECONCILIATION

The Agency Contract Report and the Obligation Activity Report must be reconciled within 60 days of the month end. It is the responsibility of each agency to compare the information contained on these reports to their own internal records. Agencies with access to SAMS automated records, may perform alternate reconciliation methods. Once the reconciling items have been identified, the discrepancies should be reported to the Comptroller's Office immediately for correction.

This ensures the accuracy of the agency's internal records and the information recorded by the Comptroller. The reconciliation of these reports also avoids delays in processing of Obligations/Contracts and voucher payments that would otherwise be rejected due to errors in our respective files. There are two standardized forms to expedite the reconciliation process: Expenditure Transfer Request form (SCO-415) and the Obligation Reconciliation Notice (C-80-A).

Expenditure Transfer Request (SCO-415) (Exhibit 15.30.30-A)

The Expenditure Transfer Request must be submitted to the Funds, Receipts and Collections Section of the Comptroller's Office in the event a voucher transaction is charged to the wrong expenditure account. The completion of the obligation information on this form will allow the corrective action to be taken in regards to the obligation WITHOUT SEPARATE NOTIFICATION TO THE OBLIGATIONS SECTION. This form must be utilized when the adjustment involves an expenditure authority account code change. Refer to SAMS Procedure 11.40.30 for instructions on completing the Expenditure Transfer Request form.

Obligation Reconciliation Notice (C-80-A) (Exhibit 15.30.30-B and Exhibit 15.30.30-C)

The Obligation Reconciliation Notice must be submitted to the Funds, Receipts and Collections Section of the Comptroller's Office when an agency has identified an error in an obligation balance.

Examples of Possible Errors:

1. Voucher liquidated incorrect obligation within the correct expenditure account.

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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.30.30 2 of 4
SUB-SECTION	OUTPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTRACT AND OBLIGATION RECONCILIATION	REVISION NUMBER 18-001

2. Voucher liquidated one obligation and should have liquidated multiple obligations.
3. The obligation number was not cited on the voucher.
4. Voucher liquidated the obligation, the warrant was subsequently canceled for redeposit.
5. Voucher liquidated the obligation, the warrant was subsequently refunded.

The Obligation Reconciliation Notice must be completed as follows:

- Mandatory entries are marked with an asterisk on the form.
- Complete boxes 6 through 10 to correct errors that occurred through the vouchering process. Attach a legible copy of the voucher.
- Complete boxes 15 through 18 to correct errors that occurred due to a refund. Attach a legible copy of the voucher and a copy of the approved Expenditure Adjustment Transfer form.

Do not include “in-transit” items on this form. This form is to be used **ONLY** for voucher transactions charged to an incorrect obligation within an expenditure authority account. For expenditure transfers involving obligations, see Exhibit 15.30.30-A

CONTENTS

1. *Enter the agency name.
2. *Enter the 9 digit voucher number.
3. Leave blank.
4. *Enter the 17 digit expenditure account code.
5. *Enter the fiscal year.

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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.30.30 3 of 4
SUB-SECTION	OUTPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTRACT AND OBLIGATION RECONCILIATION	REVISION NUMBER 18-001

6. Specify the original 11 digit obligation number(s). (If an obligation was not liquidated, "00" must be cited.)
 7. Enter the payment amount.
 8. Enter total amount.
 9. Enter the correct 11 digit obligation number(s).
 10. Enter the correct payment amount.
 11. Enter the correct total payment amount.
 12. *Warrant Number. (Warrant must be issued before the submission of the Obligation Reconciliation Notice)
 13. *Warrant Date.
 14. *Warrant Amount.
- NOTE: Only complete boxes 15 - 18 if attaching an approved Expenditure Adjustment Transmittal
15. Enter the 11-digit obligation number.
 16. Mark the appropriate box for which action is to be taken on the warrant.
 17. Mark the appropriate box indicating the type of refund.
 18. Enter the amount to be returned to the obligation.
 19. Provide explanation for reconciliation.
 20. Enter the 9 digit taxpayer identification number.
 21. Leave blank.
 22. *Enter the expenditure object code.
 23. *Enter the expenditure amount.

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SECTION	OBLIGATIONS	PROCEDURE - PAGE NO. 15.30.30 4 of 4
SUB-SECTION	OUTPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTRACT AND OBLIGATION RECONCILIATION	REVISION NUMBER 18-001

- 24. *Name of contact person.
- 25. *Telephone number of contact person.
- 26. *Agency head signature or designee
- 27. *Date of authorizing signature.

* Mandatory Entry

Contract Reconciliation

Contract corrections can be made by the agency submitting COD documents.



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

Exhibit 15.30.30-A
 (12-001)

Expenditure Transfer Request

Original Expenditure Account Code No.	FY _____	Correct Expenditure Account Code No.	FY _____								
Warrant Issue Date		Warrant/EFT No.									
Voucher No.		Voucher Amount	\$ _____								
Original Object		Correct Object									
Original Obligation No. and Accounting Line	_____	Correct Obligation No. and Accounting Line	_____								
Amount of Transfer	\$ _____	Amount of Transfer	\$ _____								
Vendor Name and Number	_____										
Reason for Transfer: _____											
Contact for further Information: Name _____ Phone _____											
Send Correspondence to: Name _____ Address _____											
Authorized Signature _____ Agency _____ Date _____											
Attach Copy of Voucher and Any other Necessary Information	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Comptroller Use</td> </tr> <tr> <td><input type="checkbox"/> Processed</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Returned</td> <td>MW No. _____</td> </tr> <tr> <td>By _____ Date _____</td> <td>JV No. _____</td> </tr> </table>			Comptroller Use		<input type="checkbox"/> Processed		<input type="checkbox"/> Returned	MW No. _____	By _____ Date _____	JV No. _____
Comptroller Use											
<input type="checkbox"/> Processed											
<input type="checkbox"/> Returned	MW No. _____										
By _____ Date _____	JV No. _____										



Obligation Reconciliation Notice

*Mandatory Entry <u>One Correction Per Form</u> Attach Supporting Documentation See SAMS 15.30.30 For further Information	*Agency Name		*Voucher Number		
	Line No.	*Expenditure Account Code		*Fiscal Year	
Original Obligation Number Charged	Original Payment Amt.	Correct Obligation Number		Correct Payment Amt.	
Total Payment Amount		Total Payment Amount			
*Warrant Number	*Warrant Date	*Warrant Amount			
Obligation Number	Deobligation <input type="checkbox"/> Cancelled <input type="checkbox"/> Redeposit <input type="checkbox"/>	Refund Full <input type="checkbox"/> Partial <input type="checkbox"/>		Amount to be Returned to Obligation	
*Explanation	*Taxpayer Identification No.		Location ID	*Exp. Obj.	*Exp. Amount
If further information is needed contact. *Name _____ *Phone _____ *Authorized Signature _____ *Date _____					





Obligation Reconciliation Notice

*Mandatory Entry <u>One Correction Per Form</u> Attach Supporting Documentation See SAMS 15.30.30 For further Information	*Agency Name (1)		*Voucher Number (2)	
	Line No. (3)	*Expenditure Account Code (4)	*Fiscal Year (5)	
Original Obligation Number Charged	Original Payment Amt.	Correct Obligation Number		Correct Payment Amt.
(6)	(7)	(9)		(10)
Total Payment Amount	(8)	Total Payment Amount		(11)
*Warrant Number (12)	*Warrant Date (13)	*Warrant Amount (14)		
Obligation Number (15)	Deobligation <input type="checkbox"/> Cancelled <input type="checkbox"/> Redeposit <input type="checkbox"/> (16)	Refund Full <input type="checkbox"/> (17) Partial <input type="checkbox"/>		Amount to be Returned to Obligation (18)
*Explanation (19)	*Taxpayer Identification No. (20)		Location ID (21)	*Exp. Obj. (22)
	(20)		(21)	(22)
If further information is needed contact.				
*Name (24)		*Phone (25)		
*Authorized Signature (26)			*Date (27)	





STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Confirmation of Authorized Signatures Report - Contracts

Thursday, November 10, 2016

Agency 999 AGENCY NAME

The roster below lists individuals on file at the Office of the Comptroller (IOC) with contract signature authority as of the date listed above. A check mark (✓) in the "Stamp" column indicates that a stamped signature is on file.

Corrections (spelling, etc.) to the information provided may be noted on this form and returned to the IOC to the attention of the Obligations Unit. Signature authority for additional staff members may be acquired by submitting a Contract Signature Authorization Form (SCO-470) for each individual to the IOC. To revoke signature authority, complete the appropriate Contract Signature Revocation Form (SCO-470-A or SCO-470- B) and file with the IOC as directed on the form.

Refer to Sections 15.20.95 and 15.20.96 of the SAMS Manual for additional information. Questions may be directed to Sally Gosda at (217)785-0009.

Designee Name	Agency Head Name	Effective Date	Stamp
JOHN AGENCY HEAD	JOHN AGENCY HEAD	7/1/2016	<input type="checkbox"/>
JOHN AUTHORIZED PERSON	JOHN AGENCY HEAD	7/1/2016	<input type="checkbox"/>
JOHN AUTHORIZED PERSON	JOHN AGENCY HEAD	7/1/2016	<input checked="" type="checkbox"/>

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.10.30 1 of 1
SUB-SECTION	OVERVIEW	EFFECTIVE DATE July 1, 2017
PROCEDURE	SYSTEM CONTROLS	REVISION NUMBER 18-001

SYSTEM CONTROLS

The primary system control associated with the vouchering process is known as pre-audit. Pre-audit is defined as the examination of a proposed financial transaction or a transaction in process for the purpose of determining its propriety. Pre-audit is conducted at two levels, agency and Comptroller. All vouchers are first pre-audited at the agency level. Agency level pre-auditing is defined as an examination by the agency head or designated individual for the purpose of determining the legality and propriety of a proposed transaction or a transaction in process. By affixing the signature to a voucher or agency file balancing report for paperless transactions, the agency official responsible for voucher approval or a duly authorized representative certifies that the voucher meets the above requirement. The second level of pre-auditing occurs in the Office of the Comptroller. Comptroller-level pre-auditing is defined as an examination by the Comptroller of a transaction in process for the purpose of determining its legality and regularity.

The first of the Comptroller's pre-audits involves checking all vouchers or agency file balancing report for approval by an agency official or representative. This signature validation process requires the signature to be on file; therefore, prior to the acceptance of any voucher or agency file balancing report as certified and authorizing payment, a Voucher Signature Authorization Form, shown in Exhibit 17.20.65-A, must be completed and sent to the Office of the Comptroller in accordance with Section 9.02 of the Finance Act. A Confirmation of Authorized Signatures, Exhibit 17.30.30-A, is periodically produced and sent to agencies for signature cards on file in the Office of the Comptroller.

When voucher transactions are submitted on electronic media, a balancing routine is performed on the file. If the file fails any of the edits, the entire file will be rejected and returned to the transmitting agency. When the transmitting agency receives notice of a rejected file, the agency should correct the original data on their system and submit a corrected file for processing. The corrected file must cite a different file number than the rejected file.

The Comptroller's subsequent pre-audits are performed at the transaction level. Those vouchers which fail the transaction pre-audits (for which the error cannot be corrected by contacting the agency) will be returned to the transmitting agency with a Delete Document Report (Exhibit 17.30.20-A) describing the error(s) encountered.

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SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.10.40 1 of 3
SUB-SECTION	OVERVIEW	EFFECTIVE DATE January 1, 2010
PROCEDURE	DOCUMENT DESCRIPTION	REVISION NUMBER 10-002

DOCUMENT DESCRIPTION

The documents associated with the vouchering functionality within SAMS may be categorized as either source documents or output reports. Following is a brief description of the documents found in each category. Detailed document descriptions, associated preparation instructions and handling procedures are located in subsections 20 and 30.

SOURCE DOCUMENTS

1. Vouchers

A voucher is a document which, when properly approved and certified, authorizes the Comptroller to order payment. Following is a brief description of each type of voucher processed in SAMS.

A. Travel Voucher, C-10 (Exhibit 17.20.10-A)

The Travel Voucher is used by State employees, wards of the State, charges of the State, and contractual employees to claim reimbursement for official business related travel expenses. These vouchers cannot be submitted paperless. Its primary data elements are itemized claims for expenses incurred during official business related travel.

B. Invoice-Voucher, C-13 (Exhibit 17.20.20-A)

The Invoice-Voucher is used for all requests for payments except Personal Services and Travel. Its primary data elements are beginning and ending service dates, GAAP function code, detailed descriptions of articles and services rendered, and the liquidation and expenditure data associated with the transaction.

**STATE OF ILLINOIS
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SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.10.40 2 of 3
SUB-SECTION	OVERVIEW	EFFECTIVE DATE July 1, 2017
PROCEDURE	DOCUMENT DESCRIPTION	REVISION NUMBER 18-001

C. Paperless Voucher

The Paperless Voucher is used to request a payment to a vendor without completing an Invoice-voucher. The primary data elements for a paperless voucher are the same as an invoice-voucher. Travel (C-10), petty cash, fixed charge vouchers (30 ILCS 105/11), and deceased employee death benefits (30 ILCS 105/14a) cannot be submitted paperless.

2. Agency File Balance Report (Exhibit 17.20.30-A page 21 of 27)

An Agency File Balance Report is a computer generated balance report which is forwarded to the Comptroller with each commercial voucher file. The report must contain the contents of the Header Record, each Schedule Record, and the Trailer Record in a labeled and clearly defined format. The Agency File Balancing Report must be in the format specified in Exhibit 17.20.30-A page 21 of 27.

3. Voucher Signature Authorization Form, SCO-095 (Exhibit 17.20.65-A)

The Voucher Signature Authorization Form is used to provide specimen signatures to the Comptroller for persons authorized to sign the agency head approval line on vouchers or the agency file balancing report (30 ILCS 105/9.02). The form is also prepared for individuals authorized to affix the signature of the agency head on the voucher's "agency head line" such as with a signature machine.

Commercial Voucher File

This document describes the file format to be used by State agencies transmitting commercial voucher information directly to the Comptroller.

I. FILE CHARACTERISTICS

The Commercial Voucher File records are 900 bytes in length. Numeric fields are both unpacked and unsigned except for adjustment and credit amounts on voucher addenda records. The Commercial Voucher File consists of five types of records. These are:

1. **Header Record** - This record is the first data record on the file. It is used to identify the file, source computer type, agency, creation date, etc.
2. **Schedule Record** - The schedule record should indicate the type of processing required for the vouchers following it. All Voucher Transaction Records following a Schedule Record (pertaining to that schedule) must cite the same appropriation account code and fiscal year. Do not mix vouchers requiring different processing on the same schedule.

There may be multiple Schedule Records and related groups of Voucher Transaction /Voucher Addenda Records on a single file.

During lapse period (July - August), schedules citing different fiscal years may NOT be mixed on a file. Each fiscal year must be on a separate file.

3. **Voucher Transaction Record** – Files should be limited to 10,000 records unless approved by the Comptroller. Each transaction record contains all the data elements needed to write a warrant or send a direct deposit transaction.

The fields labeled DIRECT DEPOSIT must be completed to send a direct deposit transaction. The fields labeled OPTIONAL are not required at this time but may be required for future transaction types.

4. **Voucher Addenda Record** – The addenda record(s) will immediately follow the voucher transaction and contain detailed remittance information related to the voucher transaction. There may be multiple addenda records for each voucher transaction record. Each addenda record must be related to the same voucher transaction. Voucher addenda records will provide remittance information electronically to the vendor. Fields on the addenda record must not contain an asterisk (*) or backslash (\). Addenda fields should be left justified and use no more than one space between characters. More than one space constitutes the end of a field. Fill unused numeric fields with zeroes, unless the last payment related data segment is not going to be used. Each addenda record contains 30 characters of control data and two 435 byte payment related data segments. If the last segment is not used, the entire segment of 435 bytes must be spaces.

EXAMPLE: If the voucher contains five payment invoices, three addenda records would be required. The third addenda record would contain the fifth invoice in the first payment related data segment and the second segment would be initialized to spaces.

5. **Trailer Record** - This record is the last data record on the file. It is used to provide control counts and totals for balancing the file.

II. **FILE ORDER**

A batch consists of a Schedule Record followed by the Voucher Transaction Records and their associated Voucher Addenda Records pertaining to that Schedule Record.

Batches are to be sorted by appropriation account code number in ascending order on the file.

Within a batch, Voucher Transaction Records followed by any associated Voucher Addenda Records are to be sorted by voucher number in ascending order.

If actual hardcopy vouchers are required to accompany the file, they must be sorted correspondingly within a batch, and batches should be sorted in the appropriate order.

III. **APPENDICES**

Appendix 1 - defines the required data elements in the file records and the record layouts.

Appendix 2 - details the standards to be used for vendor identification number, name and address on the Voucher Transaction Record.

Appendix 3 - Reserved for Future Use.

Appendix 4 - describes the agency file balance report which is to accompany each Commercial Voucher file received by the Comptroller. This report replaces the requirement for individually signed vouchers.

Appendix 5 - describes the requirements for the standardized information for box 10 of the invoice voucher.

Appendix 6 - describes any Voucher Addenda Record edits and related error messages

APPENDIX 1

HEADER RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Record Type	1	2	2	99	Value Zeroes.
File Identifier	3	8	6	X(6)	A unique identifier such as external reel number, or agency assigned number. This number will be used on reports and for control purposes by the Comptroller and must be different on each file received during a given month. This file identifier must be shown on the agency balancing report which accompany the file. Note: Comptroller recommends the reel number and the File Identifier be the same.
Organization Code	9	11	3	9 (3)	Agency Identifier Code (digits 4 thru 6 of the appropriation account code number) of agency creating file (Transmitting Agency).
Agency Name	12	41	30	X(30)	Name of Agency creating file.
File Name	42	53	12	X(12)	Value "VOUCHER FILE".
Creation Date	54	59	6	9(6)	Date on which file was created in MMDDYY format.
Filler	60	900	841	X(841)	Value Spaces.
Filler Redefined for Public Aid Medical Schedules					
DPA Schedule Number	60	65	6	X(6)	Assigned by DPA.
DPA Type	66	75	10	X(10)	Assigned by DPA.

APPENDIX 1

HEADER RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
DPA Category	76	85	10	X(10)	Assigned by DPA.
Filler	86	900	815	X(815)	Value Spaces.

APPENDIX 1

SCHEDULE RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Record Type	1	2	2	99	Value 10.
Filler	3	8	6	X(6)	Value Spaces.
Appropriation Account Code Number	9	24	16	9(16)	Appropriation Account Code Number for all vouchers in this schedule. All vouchers pertaining to this schedule must cite this appropriation account code.
Fiscal Year	25	26	2	99	Last two digits of pertinent fiscal year for the appropriation referenced above. All vouchers pertaining to this schedule must cite this fiscal year.
Beginning Voucher Number	27	34	8	X(8)	Number of the first voucher in this schedule. Voucher numbers must be right justified, zero filled, and can be all numeric or alphanumeric. No special characters are allowed.
Ending Voucher Number	35	42	8	X(8)	Number of the last voucher in this schedule. Voucher numbers must be right justified, zero filled, and can be all numeric or alphanumeric. No special characters are allowed.
Schedule Amount	43	54	12	9(10)V99	Sum of the voucher amounts in this schedule.
Voucher Count	55	58	4	9(4)	Number of voucher transaction records following and pertaining to this schedule record.
Processing Type	59	59	1	X(1)	Type of processing required for the vouchers following this schedule. Valid values are:

APPENDIX 1

SCHEDULE RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
					<p>M – Medical Vouchers (requires Comptroller approval to use this processing type).</p> <p>P – requires automated voucher and automated remittance processing (i.e. no paper voucher submitted and the description of the payment is provided in the invoice description field of this file).</p> <p>R – requires paper voucher and automated remittance processing (i.e. travel vouchers); EXCLUDES list vouchers.</p> <p>T – requires paper voucher and paper remittance processing (i.e. C-13 invoice voucher without a description provided in the invoice description field of this file and has a paper remittance attached).</p>
Filler	60	900	841	X(841)	Value Spaces.

APPENDIX 1

VOUCHER TRANSACTION RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Record Type	1	2	2	99	Any numeric value may be entered except 00, 10, 98 and 99.
Appropriation Account Code Number	3	18	16	9(16)	Appropriation Account Code Number from which expenditure is to be made.
Fiscal Year	19	20	2	99	Fiscal year pertaining to above appropriation.
Voucher Number	21	28	8	X(8)	Voucher numbers must be right justified, zero filled, and can be all numeric or alphanumeric. No special characters are allowed. Note: The voucher number must be unique by agency by fiscal year.
Schedule Payment Date	29	34	6	9(6)	Format is MMDDYY (Comptroller authorization required prior to usage).
Invoice Number	35	44	10	X(10)	The invoice number and date fields should be filled with the vendor's invoice number and date. This information will be printed on the remittance advice attached to the warrant. The date format is MMDDYY.
Invoice Date	45	50	6	9(6)	
TIN (Taxpayers' Identification Number)	51	59	9	9(9)	Reference Appendix 2.
Proper Billing Date	60	65	6	X(06)	Proper Billing Date. The date format is MMDDYY, except: ▲▲▲▲▲ = Unknown (where ▲ = spaces) 888888 = Not required by Statute 999999 = Provided in Addenda 777777 = Comptroller Authorization required
Filler	66	66	1	X(01)	Value Spaces.

APPENDIX 1

VOUCHER TRANSACTION RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Voucher Amount	67	76	10	9(8)V99	The amount for which the warrant is to be written.
First Expenditure Object	77	80	4	9(4)	First Expenditure Object Code applicable to this payment. There is a limit of five different expenditure objects which can be related to a payment.
First Expenditure Amount	81	90	10	9(8)V99	First Expenditure Amount is the amount associated with the first Expenditure Object Code. Note: The sum of all of the Expenditure Amounts must equal the voucher amount. Unused fields must be zero filled.
Second Expenditure Object	91	94	4	9(4)	Second Expenditure Object Code applicable to this payment. Unused fields must be zero filled.
Second Expenditure Amount	95	104	10	9(8)V99	Second Expenditure Amount is the amount associated with the second Expenditure Object Code. Unused fields must be zero filled.
Third Expenditure Object	105	108	4	9(4)	Third Expenditure Object Code applicable to this payment. Unused fields must be zero filled.
Third Expenditure Amount	109	118	10	9(8)V99	Third Expenditure Amount is the amount associated with the third Expenditure Object Code. Unused fields must be zero filled.
Fourth Expenditure Object	119	122	4	9(4)	Fourth Expenditure Object Code applicable to this payment. Unused fields must be zero filled.
Fourth Expenditure Amount	123	132	10	9(8)V99	Fourth Expenditure Amount is the amount associated with the fourth Expenditure Object Code. Unused fields must be zero filled.

APPENDIX 1

VOUCHER TRANSACTION RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Fifth Expenditure Object	133	136	4	9(4)	Fifth Expenditure Object code applicable to this payment. Unused fields must be zero filled.
Fifth Expenditure Amount	137	146	10	9(8)V99	Fifth Expenditure Amount is the amount associated with the fifth Expenditure Object Code. Unused fields must be zero filled.
Payee Name 1	147	176	30	X(30)	Reference Appendix 2. Left justify data and fill unused positions with blanks.
Filler	177	178	2	X(2)	Value Spaces.
Payee Name 2	179	208	30	X(30)	Reference Appendix 2. Left justify data and fill unused positions with blanks.
Filler	209	210	2	X(2)	Value Spaces.
Address	211	240	30	X(30)	Reference Appendix 2. Left justify data and fill unused positions with blanks.
Filler	241	242	2	X(2)	Value Spaces.
City	243	260	18	X(18)	Reference Appendix 2. Left justify data and fill unused positions with blanks.
Filler	261	262	2	X(2)	Value Spaces.
State	263	264	2	X(2)	Reference Appendix 2. Left justify data and fill unused positions with blanks.
Filler	265	265	1	X	Value Spaces.
Zip Code	266	274	9	X(9)	Reference Appendix 2. Left justify data and fill unused positions with blanks.

APPENDIX 1

VOUCHER TRANSACTION RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Filler	275	275	1	X	Value Spaces.
First Obligation Number	276	285	10	X(10)	Enter the agency assigned obligation number (right justified with leading zeros) for the first obligation related to this payment request (if payment is not related to a previously recorded obligation, enter "00" left justified). There is a limit of three different obligations which may be related to a payment.
Filler	286	286	1	X	Value Spaces.
First Obligation Amount	287	296	10	9(8)V99	First Obligation Amount is the amount associated with the first Obligation Number. Note: The sum of all of the Obligation Amounts must equal the voucher amount. Unused fields must be zero filled.
Second Obligation Number	297	306	10	X(10)	Enter the agency assigned obligation number (right justified with leading zeros) for the second obligation related to this payment request. Unused fields must be space filled.
Filler	307	307	1	X	Value Spaces.
Second Obligation Amount	308	317	10	9(8)V99	Second Obligation Amount is the amount associated with the second Obligation Number. Unused fields must be zero filled.
Third Obligation Number	318	327	10	X(10)	Enter the agency assigned obligation number (right justified with leading zeros) for the third obligation related to this payment request. Unused fields must be space filled.
Filler	328	328	1	X	Value Spaces.

APPENDIX 1

VOUCHER TRANSACTION RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Third Obligation Amount	329	338	10	9(8)V99	Third Obligation Amount is the amount associated with the third Obligation Number. Unused fields must be zero filled.
Filler	339	347	9	X(9)	Value Spaces.
Direct Deposit Indicator	348	348	1	9	DIRECT DEPOSIT - Indicates whether or not the payment is to be direct deposit. Valid values: 0, 1, 8, 9. (0 = default) (1 = Direct Deposit with Multiple Account) (8 = IPTIP) (9 = hardcopy)
Contract Reference	349	358	10	X(10)	Comptroller authorization required prior to usage.
Filler	359	373	15	X(15)	Value Spaces.
Direct Deposit Multiple Account No. Indicator	374	376	3	X(3)	DIRECT DEPOSIT- Data assigned by the agency which indicates an individual account when multiple accounts are used for a single payee.
Check Category	377	378	2	X(2)	Comptroller authorization required prior to usage.
Remittance Description	379	438	60	X(60)	DIRECT DEPOSIT- A payment description forwarded to the payee through the bank. [Field is unnecessary and will be ignored if Voucher Addenda Record is provided.]
Filler	439	468	30	X(30)	Value Spaces.
Billing Account Number	469	484	16	X(16)	For intergovernmental payments, enter the account number to which payment is to be charged.
Credit Memo Number	485	496	12	X(12)	For intergovernmental payments, enter the identifying number of the credit memo issued to you.

APPENDIX 1

VOUCHER TRANSACTION RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Credit Memo Amount	497	506	10	9(8)V99	For intergovernmental payments, enter the credit memorandum amount.
Beginning Date of Service	507	514	8	9(8)	Format is MMDDCCYY. Reference Appendix 5.
Ending Date of Service	515	522	8	9(8)	Format is MMDDCCYY. Reference Appendix 5.
GAAP Code	523	526	4	9(4)	Reference Appendix 5.
Pre-Audit Description	527	886	360	X(360)	Reference Appendix 5.
Confidentiality Indicator	887	887	1	X(1)	Enter one of the values below depending on the nature of the information: "Y" = Yes indicating the voucher text is confidential. "N" = No indicating the voucher text is non-confidential. " " = Space indicating that the data element is not completed. A blank is defaulted to a "Y" and the information is considered confidential.
Filler	888	900	13	X(13)	Value Spaces.

APPENDIX 1

VOUCHER ADDENDA RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Control Data					
Record Type	1	2	2	9(2)	EDI record type – Value 98.
Voucher Number	3	10	8	X(8)	Voucher number must be right justified, zero filled, and can be numeric or alphanumeric. No special characters are allowed. Note: The voucher number must be unique by agency by fiscal year. Matches bytes 21-28 of the voucher transaction record. Note: LIST VOUCHERS cannot have addenda records.
TIN (Taxpayers' Identification Number)	11	19	9	9(9)	Matches bytes 51-59 of the voucher transaction record.
Addenda Sequence Number	20	21	2	9(2)	Sequence number for this addenda record.
Total Number of Addenda Records	22	23	2	9(2)	Limit of 10 per voucher record.
Filler	24	30	7	X(7)	Value Spaces.
Payment Related Data			435		Occurs twice.
Payment Related Data - First Occurrence					
Customer ID	31	60	30	X(30)	Vendor defined for EDI.
Billing Account Period	61	90	30	X(30)	Vendor defined for EDI.

APPENDIX 1

VOUCHER ADDENDA RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Beginning Date of Service	91	96	6	9(6)	MMDDYY
Ending Date of Service	97	102	6	9(6)	MMDDYY
Invoice Number	103	132	30	X(30)	Vendor's invoice number.
Invoice Date	133	138	6	9(6)	MMDDYY
Gross Amount	139	148	10	9(8)V99	Amount of invoice before applying credit or adjustment.
Credit Memo Reason Code	149	150	2	X(2)	Code indicating reason for taking a credit. Any valid adjustment reason code as defined in version 4010 of the 820 standard.
Credit Memo ID	151	170	20	X(20)	The identifying number of the credit memo issued to you.
Credit Memo Amount	171	180	10	S9(8)V99	The amount of the credit memo issued to you.
Adjustment Reason Code	181	182	2	X(2)	Code indicating reason for claiming an adjustment. Any valid adjustment reason code as defined in version 4010 of the 820 standard.
Adjustment ID	183	202	20	X(20)	The identifying number of the adjustment issued to you.
Adjustment Amount	203	212	10	S9(8)V99	The amount of the adjustment issued to you.
Net Amount	213	222	10	9(8)V99	Amount paid.
Partial Payment Indicator	223	224	2	X(2)	If present, specifies that the invoice is not expected to be cleared in full.
Contract Number	225	244	20	X(20)	Vendor Defined for EDI.

APPENDIX 1

VOUCHER ADDENDA RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Program Identifier	245	274	30	X(30)	Vendor Defined for EDI.
Purchase Order	275	294	20	X(20)	Vendor Defined for EDI.
Purchase Order Date	295	300	6	9(6)	MMDDYY
Message	301	380	80	X(80)	A free form description to clarify the related data elements and their content.
Proper Billing Date	381	386	6	X(06)	Proper Billing Date. The date format is MMDDYY.
Filler	387	465	79	X(79)	Value Spaces.
Payment Related Data - Second Occurrence					
Customer ID	466	495	30	X(30)	Vendor defined for EDI.
Billing Account	496	525	30	X(30)	Vendor defined for EDI.
Period					
Beginning Date of Service	526	531	6	9(6)	MMDDYY
Ending Date of Service	532	537	6	9(6)	MMDDYY
Invoice Number	538	567	30	X(30)	Vendor's invoice number.
Invoice Date	568	573	6	9(6)	MMDDYY
Gross Amount	574	583	10	9(8)V99	Amount of invoice before applying credit or adjustment.
Credit Memo Reason Code	584	585	2	X(2)	Code indicating reason for taking a credit. Any valid adjustment reason

APPENDIX 1

VOUCHER ADDENDA RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
					code as defined in version 4010 of the 820 standard.
Credit Memo ID	586	605	20	X(20)	The identifying number of the credit memo issued to you.
Credit Memo Amount	606	615	10	S9(8)V99	The amount of the credit memo issued to you.
Adjustment Reason Code	616	617	2	X(2)	Code indicating reason for claiming an adjustment. Any valid adjustment reason code as defined in version 4010 of the 820 standard.
Adjustment ID	618	637	20	X(20)	The identifying number of the adjustment issued to you.
Adjustment Amount	638	647	10	S9(8)V99	The amount of the adjustment issued to you.
Net Amount	648	657	10	9(8)V99	Amount paid.
Partial Payment Indicator	658	659	2	X(2)	If present, specifies that the invoice is not expected to be cleared in full.
Contract Number	660	679	20	X(20)	Vendor Defined for EDI.
Program Identification	680	709	30	X(30)	Vendor Defined for EDI.
Purchase Order	710	729	20	X(20)	Vendor Defined for EDI.

APPENDIX 1

VOUCHER ADDENDA RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Purchase Order Date	730	735	6	9(6)	MMDDYY
Message	736	815	80	X(80)	A free form description to clarify the related data elements and their content.
Proper Billing Date	816	821	6	X(06)	Proper Billing Date. The date format is MMDDYY.
Filler	822	900	79	X(79)	Value Spaces.

APPENDIX 1

TRAILER RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Record Type	1	2	2	9(2)	Value 99.
Schedule Record Count	3	6	4	9(4)	Number of schedule records on the file.
Voucher Record Count	7	11	5	9(5)	Number of Voucher Transaction Records on the file.
Schedule Control Total	12	23	12	9(10)V99	The Sum of the Schedule Amounts (from the Schedule Records) on this file.
Voucher Control Total	24	35	12	9(10)V99	The Sum of the Voucher Amounts (from the Voucher Transaction Records) on this file.
Filler	36	900	865	X(865)	Value Spaces.

APPENDIX 2

VENDOR IDENTIFICATION NUMBER, NAME AND ADDRESS

The standards for providing the vendor identification number and name in the Voucher Transaction Record are described in the following section of the SAMS Manual:

- Procedure 19.10.15 – pages 1-4;
- Procedure 19.10.20 – page 1;
- Procedure 19.10.30 – pages 1-4.

The following standards should be used for providing the address in the Voucher Transaction Record:

The “Payee Name 2” field is reserved for the DBA name or as a continuation of the legal name when there is not enough room on the “Payee Name 1” line.

The vendor’s street address must be provided in the “Address” field.

The vendor’s city, state, and zip must be provided in the specified fields. The valid U.S. Postal Service abbreviations must be used in the “State” field. The zip code provided should be the vendor’s zip code as assigned by the U.S. Postal Service. The “Zip Code” field on the transaction record is a nine-position field and does not require the dash if using the zip+4 code.

Any unused fields must be space filled.

Do not use punctuation in these fields.

APPENDIX 3

RESERVED FOR FUTURE USE

APPENDIX 4

AGENCY FILE BALANCING REPORT

A computer generated balancing report with the information detailed below must accompany each Commercial Voucher file sent to the Comptroller.

Date: 07/15/00
 Reel No: A52512
 Agency : Example Agency

<u>Appropriation Code</u>	<u>Fiscal Year</u>	<u>Voucher Number</u>	<u>Voucher Amount</u>	<u>Processing Type</u>
421 42301 1910 00 99	00	70073614	54,290.85	P
421 42301 1910 00 99	00	70073615	3,284.42	P
421 42301 1910 01 99	00	70073633	454.59	P
421 42301 1910 01 99	00	70073641	313.00	P
421 42301 1910 01 99	00	70073642	888.52	R
957 42355 1200 00 00	00	70073643	41,665.71	R
957 42355 1200 00 00	00	70073644	296,435.71	R
957 42355 1200 00 00	00	70073645	26,787.81	R
957 42355 1200 00 00	00	70073701	30.00	T
957 42355 1200 00 00	00	70073702	22,598.50	T
957 42355 1200 00 00	00	70073703	735.81	T

Voucher Count 11
 Total Voucher Amount 447,484.92

This invoice voucher certification is hereby specifically incorporated into and made part of the invoice vouchers listed here on, the same as if such certification were fully set out in such vouchers. It is understood that the signing of this certification constitutes a signing and certification of all and each said voucher.

The goods or services specified on this voucher were procured pursuant to a formal, written contract the terms of which require advance payment. The contract requires the goods or services to be delivered or received prior to August 31, "20XX" or it was not possible to execute a written contract for the goods or services specified on this voucher. It is anticipated that the goods or services will be received or delivered prior to August 31, "20XX".

I certify that the goods and services specified on the above listed vouchers were for the use of this agency and that the expenditures for such goods or services were authorized and lawfully incurred; that such goods or services met all the required standards set forth in the purchase agreements or contracts to which these vouchers relate; and that the amounts shown on these vouchers are correct and are approved for payment. If applicable, the reporting requirements of Section 5.1 of the Governor's Office of Management and Budget Act have been met.

 Agency Head

 Date

APPENDIX 5

STANDARDS FOR VOUCHER TRANSACTION DESCRIPTION FOR PRE-AUDIT

The following standards are to be used to complete the data entry for a payment voucher. The purpose of the description is to provide enough information to permit a pre-auditor (or post-auditor) to understand the nature of the transaction. Auditors are not usually familiar with the detailed operations of State agencies and the specialized account codes and abbreviations that may be used by agencies for internal purposes. It is, therefore, necessary for Voucher Transaction Descriptions to be clear.

A more complete reference is located at SAMS Chapter 17.20.20.

STANDARDS FOR PAYMENT VOUCHER INPUT

Invoice Description:

One 360 byte alphanumeric field. This description should be sufficiently clear to permit a pre-auditor to understand the purpose and nature of the goods acquired or services rendered. Abbreviations are permitted only when the abbreviation is generally understood. Agency specific abbreviations or program codes should not be used as a description unless otherwise explained in the text of the description.

Example 1:

Temporary clerical office assistance in connection with the Temporary Aid to Needy Family Program (TANF) (CFDA 87.100956)

Example 2:

Reconstruction of engine and transmission of Navistar Dump Truck.

Example 3:

Grant to Elkhart Fire District for purchase of new fire truck

Example 4:

Purchase 2 chairs @ \$899 each, 2 credenzas @ \$523 each, and 2 file cabinets @ \$350 each for Director's Springfield office.

APPENDIX 5

STANDARDS FOR VOUCHER TRANSACTION DESCRIPTION FOR PRE-AUDIT (cont.)

Date of service:

Two eight byte fields. The first field should contain the beginning date for when the goods were received or services rendered. The second field should contain the ending date for when goods were received or services rendered. If all the goods or services being paid for on this voucher were received or rendered on the same day, then the same date should be recorded for both fields.

Example:

022400 031800

GAAP Code (Reference SAMS Manual):

One four byte alphanumeric field. This code corresponds with the GAAP expenditure classifications. Refer to the SAMS manual for specific codes and their definition.

Example:

7500

APPENDIX 6

Voucher Addenda Record Edits

The addenda record(s) will immediately follow the voucher transaction and contain detailed remittance information related to the voucher transaction. There may be multiple addenda records for each voucher transaction record. Each addenda record must be related to the same voucher transaction. Voucher addenda records will provide remittance information electronically to the vendor. Fields on the addenda record must not contain an asterisk (*) or backslash (\). Addenda fields should be left justified and use no more than one space between characters; more than one space constitutes the end of a field. Fill unused numeric fields with zeroes, unless the last payment related data segment is not going to be used. Each addenda record contains 30 characters of control data and two 435 byte payment related data segments. If the last segment is not used, the entire segment of 435 bytes must be spaces.

EXAMPLE: If the voucher contains five payment invoices, three addenda records would be required. The third addenda record would contain the fifth invoice in the first payment related data segment and the second segment would be initialized to spaces.

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>PICTURE</u>	<u>EDIT(S)</u>
	<u>FROM</u>	<u>THRU</u>		
Record Type	1	2	9(2)	Value must be 98 and must follow a voucher record or another addenda record.
Voucher Number	3	10	X(8)	Voucher number must match bytes 21-28 of the Voucher Transaction Record. List vouchers CANNOT have addenda records.
TIN (Taxpayers' Identification Number)	11	19	9(9)	Must match bytes 51-59 of Voucher Transaction Record.
Addenda Sequence Number	20	21	9(2)	Must be greater than prior sequence number and less than next sequence number.
Total Number of Addenda Records	22	23	9(2)	Limit of ten per voucher.
Beginning Date of Service	91	96	9(6)	If used, beginning date must be within bytes 507-522 of the Voucher Transaction Record and must be less than or equal to bytes 97-102 of the Voucher Addenda Record.

APPENDIX 6

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>PICTURE</u>	<u>EDIT(S)</u>
	<u>FROM</u>	<u>THRU</u>		
Ending Date of Service	97	102	9(6)	If used, ending date must be within bytes 507-522 of the Voucher Transaction Record and must be greater than or equal to bytes 91-96 of the Voucher Addenda Record.
Gross Amount/ Credit Memo	139	148	9(8)V99	Credit memo and adjustment amount are signed fields. Gross amount + credit memo amount + adjustment amount = net amount. The total of all Voucher Addenda Record net amounts must equal Voucher Transaction Record voucher amount field bytes 67-76.
Amount/ Adjustment	171	180	S9(8)V99	
Amount/ Net	203	212	S9(8)V99	
Amount	213	222	9(8)V99	
Beginning Date of Service	526	531	9(6)	If used, beginning date must be within bytes 507-522 of the Voucher Transaction Record and must be less than or equal to bytes 532-537 of the Voucher Addenda Record
Ending Date of Service	532	537	9(6)	If used, ending date must be within bytes 507-522 of the Voucher Transaction Record and must be greater than or equal to bytes 526-531 of the Voucher Addenda Record.
Gross Amount/ Credit Memo	574	583	9(8)V99	Credit memo and adjustment amount are signed fields. Gross amount + credit memo amount + adjustment amount = net amount. The total of all Voucher Addenda Record net amounts must equal Voucher Transaction Record voucher amount field bytes 67-76.
Amount/ Adjustment	606	615	S9(8)V99	
Amount/ Net	638	647	S9(8)V99	
Amount	648	657	9(8)V99	

APPENDIX 7

OTHER FILE EDITS

SCHEDULE RECORD

<u>DATA ELEMENT</u>	<u>BYTES FROM</u>	<u>TO</u>	<u>PICTURE</u>	<u>EDIT(S)</u>	<u>ERROR MESSAGE</u>
Processing Type	59	59	X(1)	List voucher cannot have addenda records	List voucher # has addenda record #.

VOUCHER TRANSACTION RECORD

<u>DATA ELEMENT</u>	<u>BYTES FROM</u>	<u>TO</u>	<u>PICTURE</u>	<u>EDIT(S)</u>	<u>ERROR MESSAGE</u>
Invoice Number	35	44	X(10)	If Voucher Addenda Records are used, this field must not be spaces. Suggest using the first invoice number on addenda record.	Invoice number field must not be spaces when voucher addenda record is used.
Invoice Date	45	50	9(6)	If Voucher Addenda Records are used, this field must not be zeroes. Suggest using the first invoice date on addenda record.	Invoice date must not be zeroes when voucher addenda is used.
Proper Billing Date	60	65	X(6)	The proper billing date must be spaces, all 7's, all 8's, all 9's, or a valid date (MMDDYY format). If a valid date, then it must be less than the date processed by IOC. If all 9's, then addenda records must contain proper billing date.	Invalid proper billing date. Proper billing date greater than IOC processing date. Proper billing date not found on addenda.
Zip Code	266	274	X(9)	The first 5 bytes must not have spaces. If the last 4 bytes are all zeroes, IA5a changes to spaces.	First 5 bytes of zip code includes spaces.

APPENDIX 7

VOUCHER ADDENDA RECORD

<u>DATA ELEMENT</u>	<u>BYTES FROM</u>	<u>TO</u>	<u>PICTURE</u>	<u>EDIT(S)</u>	<u>ERROR MESSAGE</u>
Proper Billing Date Occurrence 1	381	386	X(6)	The proper billing date must be spaces or a valid date (MMDDYY format).	Invalid proper billing date.
				If a valid date, then it must be less than the date processed by IOC.	Proper billing date greater than IOC processing date.
Proper Billing Date Occurrence 2	816	821	X(6)	The proper billing date must be spaces or a valid date (MMDDYY format).	Invalid proper billing date.
				If a valid date, then it must be less than the date processed by IOC.	Proper billing date greater than IOC processing date.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.20.65 1 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	VOUCHER SIGNATURE AUTHORIZATION FORM (Form SCO-095)	REVISION NUMBER 18-001

VOUCHER SIGNATURE AUTHORIZATION FORM (FORM SCO-095)

PURPOSE

The Voucher Signature Authorization Form is available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>. This form is used by State employees to provide specimen signatures to the Comptroller for persons authorized to sign the Agency Head approval line on vouchers or the Agency File Balancing Report (30 ILCS 105/10). The form is also prepared for designees authorized to affix the signature of the agency head on the Agency Head line on vouchers, such as with a stamp or a signature machine (30 ILCS 105/9.02).

TIMING REQUIREMENTS

Frequency of submission of a new Voucher Signature Form is dependent on when the use of a signature is authorized, its authority is expanded, or the period for which the signature was valid has lapsed. Agencies **must** notify the Comptroller when a Voucher Signature Authorization Form on file should be revoked. Notification must be submitted via a Voucher Signature Revocation Form (available on the Comptroller's web site at <http://illinoiscomptroller.gov/agencies/accounting-forms>).

DISTRIBUTION

The Voucher Signature Authorization Form is prepared and filed with the Comptroller. Forms may be submitted to the Comptroller's office through:

Email: vouchercontrol@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.20.65 2 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	VOUCHER SIGNATURE AUTHORIZATION FORM (Form SCO-095)	REVISION NUMBER 18-001

CONTENTS

Voucher Signature Authorization Forms are prepared individually for each agency head and designee. All fields on the form are required and are to be typed or printed. Refer to Exhibits 17.20.65-A & B.

NOTE: This form is applicable to Commercial and Payroll vouchers only. Please see the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms> for available forms.

REFERENCE - Corresponds to the Line/Section Number on the form.

- 1) Type/print the full agency name. Do not abbreviate.
- 2) Type/print the three-digit agency code as per Procedure 11.50.40: Organization Unit Code Assignment.
- 3) Provide the name, phone number and email of the individual to be contacted regarding signature authorizations for vouchers.
- 4) Type/Print the name of either the agency head or designee who will be given authority to sign or affix the signature of the agency head.
- 5) Specimen Signature:
 - a. If #4 is the agency head, the agency head must sign or affix his/her signature.
 - b. If #4 is a designee, the designee must sign or affix the signature or facsimile (stamp or electronic) signature of the agency head and his/her original signature ***precisely*** as it will appear on the voucher or agency file balancing report. Section 9.02 of an "Act in relation to State Finance" requires that if the agency head signature is signed or affixed by someone other than the agency head, the voucher must also have the signature of the person signing or affixing the signature.
 - c. **Initials are not acceptable.**

**STATE OF ILLINOIS
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SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.20.65 3 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	VOUCHER SIGNATURE AUTHORIZATION FORM (Form SCO-095)	REVISION NUMBER 18-001

- 6) Place an "X" on the appropriate line(s) indicating the vouchers the individual is authorized to sign.
- 7) Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.
- 8) Type/print the agency head's title and agency name into the Agency Head Approval block.
- 9) The agency head must sign the Approval block. Type/print the name of the agency head.



VOUCHER SIGNATURE AUTHORIZATION FORM
 (SAMS PROCEDURE 17.20.65)

The **Voucher Signature Authorization Form** is used to provide specimen signatures to the Comptroller for persons authorized to sign the Agency Head approval line on vouchers and the Agency File Balancing Report. Submission of new or revised Signature Authorization Forms is dependent on when the use of the Agency Head signature is authorized or revised.

Pursuant to 30 ILCS 105/9.02, agencies must notify the Comptroller with the authority to sign, delegate and revoke Agency Head authority. **Voucher Signature Authorization Forms** should be emailed to:

vouchercontrol@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) **AGENCY NAME** (Do Not Abbreviate): Lake Development Agency

2) **AGENCY CODE** (Three-digit Number): 999

3) **AGENCY CONTACT INFORMATION** (The individual to be contacted regarding this signature authorization form):

Name (Type/Print): Jane Contact

Phone Number: 217-782-XXXX

Email Address: jane.contact@illinois.gov

4) **NAME OF AGENCY HEAD OR DESIGNEE** (Type/Print the name of either the Agency Head or designee authorized to sign or affix the signature of the Agency Head):

John Agency Head

5) **SPECIMEN SIGNATURE** (The designee must sign [not print]/affix the Agency Head's name followed by his/her name precisely as it will appear on the voucher—initials are not acceptable):

John Agency Head

6) **VOUCHERS AUTHORIZED TO SIGN** (Place an "X" on the appropriate line(s) indicating which vouchers the individual is authorized to sign):

- Commercial**
- Payroll/Contractual Payroll/Retirement**
- C-02**
- Other** (For Payroll purposes only) Please specify: _____

7) **EFFECTIVE DATE OF AUTHORIZATION***: July 1, 2017

8) **APPROVAL** (Type/Print the title and agency name into the certification):

I certify that I am the elected/appointed Director of the
(Title of Agency Head)
Lake Development Agency designated by Section 10 of "an Act in relation to State Finance"
(Name of Agency)

as the officer responsible for certifying and approving vouchers for this Agency. I hereby approve the signature delegation authorized by this form. **I hereby certify that the original signed document exists in my possession.**

9) John Agency Head John Agency Head
Signature of Agency Head Type/Print Name of Agency Head

*Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.



VOUCHER SIGNATURE AUTHORIZATION FORM
 (SAMS PROCEDURE 17.20.65)

The **Voucher Signature Authorization Form** is used to provide specimen signatures to the Comptroller for persons authorized to sign the Agency Head approval line on vouchers and the Agency File Balancing Report. Submission of new or revised Signature Authorization Forms is dependent on when the use of the Agency Head signature is authorized or revised.

Pursuant to 30 ILCS 105/9.02, agencies must notify the Comptroller with the authority to sign, delegate and revoke Agency Head authority. **Voucher Signature Authorization Forms** should be emailed to:

vouchercontrol@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) **AGENCY NAME** (Do Not Abbreviate): Lake Development Agency

2) **AGENCY CODE** (Three-digit Number): 999

3) **AGENCY CONTACT INFORMATION** (The individual to be contacted regarding this signature authorization form):

Name (Type/Print): Jane Contact

Phone Number: 217-782-XXXX

Email Address: jane.contact@illinois.gov

4) **NAME OF AGENCY HEAD OR DESIGNEE** (Type/Print the name of either the Agency Head or designee authorized to sign or affix the signature of the Agency Head):

John Authorized Person

5) **SPECIMEN SIGNATURE** (The designee must sign [not print]/affix the Agency Head's name followed by his/her name precisely as it will appear on the voucher—initials are not acceptable):

John Agency Head by John Authorized Person

6) **VOUCHERS AUTHORIZED TO SIGN** (Place an "X" on the appropriate line(s) indicating which vouchers the individual is authorized to sign):

Commercial

Payroll/Contractual Payroll/Retirement

C-02

Other (For Payroll purposes only) Please specify: _____

7) **EFFECTIVE DATE OF AUTHORIZATION***: July 1, 2017

8) **APPROVAL** (Type/Print the title and agency name into the certification):

I certify that I am the elected/appointed Director of the

(Title of Agency Head)

Lake Development Agency designated by Section 10 of "an Act in relation to State Finance"

(Name of Agency)

as the officer responsible for certifying and approving vouchers for this Agency. I hereby approve the signature delegation authorized by this form. **I hereby certify that the original signed document exists in my possession.**

9) John Agency Head John Agency Head
Signature of Agency Head Type/Print Name of Agency Head

*Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.20.70 1 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	VOUCHER SIGNATURE REVOCATION FORMS (SCO-095-A and SCO-095-B)	REVISION NUMBER 18-001

**VOUCHER SIGNATURE REVOCATION FORMS
(SCO-095-A and SCO-095-B)**

PURPOSE

Agencies **must** notify the Comptroller when a Voucher Signature Authorization Form on file should be revoked. Notification may be submitted via a Voucher Signature Revocation Form, available on the Comptroller's website at <http://illinoiscomptroller.gov/agencies/accounting-forms>.

TIMING REQUIREMENTS

Frequency of submission of Voucher Signature Revocation Forms is dependent on when signature authorization is changed, revoked or the period for which the signature was valid has lapsed.

DISTRIBUTION

The Voucher Signature Revocation Form is prepared and filed with the Comptroller. Forms may be submitted to the Comptroller's office through:

Email: vouchercontrol@illinoiscomptroller.gov

The original signed document must be maintained by the Agency as required by the Record Retention Policy. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

CONTENTS

VOUCHER SIGNATURE REVOCATION FORM – DESIGNEE (SCO-095-A)

The Voucher Signature Revocation Form – Designee is prepared for a designee whose signature authority has changed or been revoked. All fields on the form are required and are to be typed or printed. Refer to Exhibit 17.20.70-A.

**STATE OF ILLINOIS
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SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.20.70 2 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	VOUCHER SIGNATURE REVOCATION FORMS (SCO-095-A and SCO-095-B)	REVISION NUMBER 18-001

NOTE: This form is applicable to authorizations for Commercial and Payroll vouchers only. A separate form is required for “Contract Signature Revocation” (SCO-470-A or SCO-470-B). All forms are available on the Comptroller’s website at <http://illinoiscomptroller.gov/agencies/accounting-forms>.

REFERENCE - Corresponds to the Line/Section Number on the form.

- 1) Type/print the full agency name. Do not abbreviate.
- 2) Type/print the three-digit agency code as per Procedure 11.50.40: Organization Unit Code Assignment.
- 3) Provide the name, phone number and email of the individual to be contacted regarding signature revocations for vouchers.
- 4) Type/Print the name of the designee previously authorized to sign or affix the signature of the agency head.
- 5) Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.
- 6) The agency head must sign the Approval block. Type/print the name and title of the agency head whose signature appears on the form.

VOUCHER SIGNATURE REVOCATION FORM – AGENCY HEAD (SCO-095-B)

The Voucher Signature Revocation Form – Agency Head is prepared when the authority for a previous agency head and all designees is to be revoked. All fields on the form are required and are to be typed or printed. Refer to Exhibit 17.20.70-B.

NOTE: This form is applicable to authorizations for Commercial and Payroll vouchers only. A separate form is required for “Contract Signature Revocation” (SCO-470-A or SCO-470-B). All forms are available on the Comptroller’s website at <http://illinoiscomptroller.gov/agencies/accounting-forms>.

**STATE OF ILLINOIS
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SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.20.70 3 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	VOUCHER SIGNATURE REVOCATION FORMS (SCO-095-A and SCO-095-B)	REVISION NUMBER 18-001

REFERENCE - Corresponds to the Line/Section Number on the form.

- 1) Type/print the full agency name. Do not abbreviate.
- 2) Type/print the three-digit agency code as per Procedure 11.50.40: Organization Unit Code Assignment.
- 3) Provide the name, phone number and email of the individual to be contacted regarding signature revocations for vouchers.
- 4) Type/Print the name of the previous agency head.
- 5) Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.
- 6) An authorized representative of the agency must sign the Approval block. Type/print the name and title of the authorized representative whose signature appears on the form.



**VOUCHER SIGNATURE REVOCATION FORM –
 DESIGNEE (SAMS PROCEDURE 17.20.70)**

The **Voucher Signature Revocation Form - Designee** form is used to revoke specimen signatures for persons authorized to sign the Agency Head approval line on vouchers and the Agency File Balancing Report.

Voucher Signature Revocation Form – Designee forms should be emailed to:

vouchercontrol@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

1) **AGENCY NAME** (Do Not Abbreviate): Lake Development Agency

2) **AGENCY CODE** (Three-digit Number): 999

3) **AGENCY CONTACT INFORMATION** (The individual to be contacted regarding this signature authorization form):

Name (Type/Print): Jane Contact

Phone Number: 217-782-XXXX

Email Address: jane.contact@illinois.gov

4) **NAME OF PERSON PREVIOUSLY AUTHORIZED TO SIGN OR AFFIX THE AGENCY HEAD SIGNATURE**

(Type/Print the name of the individual previously authorized to sign or affix the signature of the Agency Head):

John Authorized Person

5) **EFFECTIVE DATE OF REVOCATION***: 7/1/2017

6) By signing this form, I am requesting that the Comptroller’s Office revoke signature authority for the above-named Agency Head signature designee on the effective date shown above. **I hereby certify that the original signed document exists in my possession.**

John Agency Head
 Signature of Authorized Representative

John Agency Head
 Type/Print Name of Authorized Representative

Director
 Type/Print Title of Authorized Representative

*Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.





**VOUCHER SIGNATURE REVOCATION FORM–
 AGENCY HEAD (SAMS PROCEDURE 17.20.70)**

The Voucher Signature Revocation Form – Agency Head form is used to revoke specimen signatures for the previous Agency Head and all associated designees authorized to sign the Agency Head approval line on vouchers and on the Agency File Balancing Report.

Voucher Signature Revocation Form – Agency Head forms should be emailed to:

vouchercontrol@illinoiscomptroller.gov

The original signed document must be maintained by the Agency. Each form should be scanned as a separate document. Multiple forms can be sent in one email.

ALL FIELDS ARE REQUIRED

- 1) **AGENCY NAME** (Do Not Abbreviate): Lake Development Agency
- 2) **AGENCY CODE** (Three-digit Number): 999
- 3) **AGENCY CONTACT INFORMATION** (The individual to be contacted regarding this signature revocation form):
 - Name** (Type/Print): Jane Contact
 - Phone Number**: 217-782-XXXX
 - Email Address**: jane.contact@illinois.gov
- 4) **NAME OF PREVIOUS AGENCY HEAD** (Type/Print the name of the previous Agency Head):
John Agency Head
- 5) **EFFECTIVE DATE OF REVOCATION***: 7/1/2017
- 6) By signing this form, I am requesting that the Comptroller’s Office revoke signature authority for the above-named Agency Head and all associated designees on the effective date shown above. **I hereby certify that the original signed document exists in my possession.**

Joe Authorized Representative
 Signature of Authorized Representative

Joe Authorized Representative
 Type/Print Name of Authorized Representative

Director
 Type/Print Title of Authorized Representative

*Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.



**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PRE-AUDIT AND COMMERCIAL VOUCHERING	PROCEDURE - PAGE NO. 17.30.15 1 of 1
SUB-SECTION	OUTPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	PV MODIFICATION DOCUMENT	REVISION NUMBER 18-001

PV MODIFICATION DOCUMENT

PURPOSE

Agencies participating in the "on-line" error notification program are required to use the PV Modification Document (Exhibit A) to instruct the Illinois Office of the Comptroller what action is to be taken when a voucher is in *held* or *reject* status.

All other agencies may use this document (Exhibit A) when informed by phone of an error detected by the Illinois Office of the Comptroller.

All applicable fields above the bold black line must be filled. Applicable fields below the bold line will only be filled if a change is required to correct the voucher.

Agency Head (Signature) must match the Voucher Signature Authorization Form on file at the Illinois Office of the Comptroller.



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Confirmation of Authorized Signatures Report - Vouchers

Thursday, November 10, 2016

Agency999 AGENCY NAME

The roster below lists individuals on file at the Office of the Comptroller (IOC) with voucher signature authority as of the date listed above. A check mark in the "Stamp" column indicates that a form is on file allowing the designee to stamp the agency head's signature.

No action is required if ALL information provided is accurate. Spelling corrections may be noted on this form and returned/emailed to the IOC to the attention of Voucher Control. Corrections to Effective Dates or modifications to signatory rights require the submission of a new Voucher Signature Authorization Forms.

Signature authority for additional staff members may be acquired by submitting a Voucher Signature Authorization Form (SCO-095) for each individual to the IOC. To revoke signature authority, complete the appropriate Voucher Signature Revocation Form (SCO-095-A or SCO-095-B) and file with the IOC as directed on the form.

Refer to Sections 17.20.65 and 17.20.70 of the SAMS Manual for additional information. Questions may be directed to Karla Grigsby at (217)557-3376.

Designee Name	Agency Head Name	Effective Date	Stamp	Commercial	Payroll	C-02	Other, Specify
JOHN AGENCY HEAD	JOHN AGENCY HEAD	7/1/2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
JOHN AUTHORIZED PERSON	JOHN AGENCY HEAD	7/1/2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	C-68
JOHN AUTHORIZED PERSON	JOHN AGENCY HEAD	7/1/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	VENDOR IDENTIFICATION STRUCTURE	PROCEDURE - PAGE NO. 19.10.17 3 of 4
SUB-SECTION	OVERVIEW	EFFECTIVE DATE January 1, 2017
PROCEDURE	NEW VENDOR ENTRY SCREEN	REVISION NUMBER 17-002

RESTRICTIONS ON RECORD ENTRY

NVEN is restricted to new non-business vendors with an SSN only. Agencies must submit all business W-9s in a hard copy format to the IOC for processing. Sole proprietors (including physicians and attorneys) with an SSN or with an SSN and an EIN are both considered business vendors and are not allowed to be entered on NVEN.

All changes to existing vendors (business or non-business) must be submitted on a hard copy W-9 to the IOC for processing. W-9s that are submitted for changes to an existing vendor must be clearly marked in the top margin of the W-9 indicating the action needed (e.g. "Name Change" or "B-Notice"). Failure to mark W-9s with the necessary action will result in the W-9s being returned to the originating agency.

NVEN EDITS

The following is a list of edits applicable to NVEN:

1. If the "ADD KEY FOUND" and "NO LINES ADDED" error messages appear after attempting to enter the vendor, this indicates that the vendor is already on file. In this instance, access the VEN2 screen to determine if additional action is required.
 - a. If the vendor has a "C" in the "CERTIFICATION INDICATOR" field on VEN2, the vendor is certified. If the name on the W-9 matches the name on VEN2, no further action is required. Please note that address changes should not be submitted on Form W-9.
 - b. If the vendor has a "C" in the "CERTIFICATION INDICATOR" field on VEN2, but the name on the W-9 does not match the name on VEN2, "Name Change" should be clearly printed in the top margin of the W-9. Submit W-9 to the IOC for processing. If the only difference is adding a middle initial, this is not considered a name change. Do not submit a W-9.
 - c. If the vendor has an "N" in the "CERTIFICATION INDICATOR" field on VEN2, the vendor is not certified. If there is a message in the "COMMENT" field, then the agency must take the following action:
 - i. If the comment refers to a "B NOTICE" or an "IRS TIN NAME MISMATCH", "B Notice" or "IRS TIN Name Mismatch" should be clearly printed in the top margin of the W-9. Submit W-9 to the IOC for processing.
 - ii. If the comment refers to a message other than "B NOTICE" or "IRS TIN NAME MISMATCH", contact the Vendor Unit at (217) 785-4422 for guidance.
 - d. If the vendor is not certified and there is no message in the "COMMENT" field, hold the W-9. Check VEN2 again in two business days. If the vendor still has not been updated, contact the Vendor Unit at (217) 785-4422 for guidance.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	VENDOR IDENTIFICATION STRUCTURE	PROCEDURE - PAGE NO. 19.10.17 4 of 4
SUB-SECTION	OVERVIEW	EFFECTIVE DATE January 1, 2017
PROCEDURE	NEW VENDOR ENTRY SCREEN	REVISION NUMBER 17-002

2. If the “CUST/VEND NAME DO NOT MATCH” and “NO LINES ADDED” error messages appear after attempting to enter the vendor, “CUST” should be clearly printed in the top margin of the W-9. Submit W-9 to the IOC for processing.
3. If a typographical error is made during entry, print the NVEN screen. “Typo” should be clearly printed in the top margin of the screen print. Fax the screen print to the Vendor Unit at (217) 785-7212. The record will be deleted so that it can be re-entered correctly by the agency.
4. If the information provided on the W-9 for the “FIRST NAME, MI, SUFFIX” field or the “LAST NAME” field exceeds the character limit, please adhere to the following guidelines:
 - a. If the first name exceeds 11 bytes, submit the W-9 to the IOC for processing.
 - b. If the last name exceeds 17 bytes, submit the W-9 to the IOC for processing.
 - c. If a suffix causes the characters to exceed 11 bytes, submit the W-9 to the IOC for processing. A suffix should not be omitted.
 - d. If the first name is less than 11 bytes, but the middle initial causes it to exceed the limit, omit the middle initial and do not submit the W-9 to the IOC for processing.Note: “Name Exceeds Limit” should be clearly printed in the top margin of the W-9 when submitting items a-c to the IOC.

As a reminder, agencies must validate vendor information against VEN2 prior to the submission of all payment vouchers. Any required changes must be reflected on VEN2 before the associated payment voucher is submitted.

SAMS WAREHOUSE FIELDS

The VEN2 screen on SAMS will have two additional fields populated when the vendor is entered through NVEN. The NV field will be populated with the 3-digit number of the agency that entered the vendor information and the date that the entry was made (e.g., 360/07282006) and the VEND TYP field will be populated with “NV”.

The Vendor_Type field on the warehouse WH_VENDOR reference table will also be populated with “NV”. In addition, two new fields have been added to this table. The New_Vendor_Agency field will show the 3-digit number of the agency that entered the vendor information and the New_Vendor_Date field will show the date that the entry was made.



Authorization for Deposit of Recurring Payments

To apply for direct deposit of State of Illinois payroll payments, complete this form, sign and return it to your agency's Payroll Department along with a voided check.

A _____
Social Security Number (Taxpayer Identification Number) (Please type or print in ink)

B _____ **C** _____
Payee's Name Name of Program Agency

D _____
Payee Mailing Address (Apt/P.O. Box) City State Zip Code

E I, _____, certify the information provided on this form is correct. I authorize and
Type/Print Payee Name
request the program agency to direct my recurring payments for crediting in my account at the financial institution designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. If a direct deposit cannot be made, I understand that the program agency shall provide payment to me by paper warrant. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.

F _____ **G** _____ **H** _____
Signature of Payee Date Work Area Code and Telephone Number

----- Financial Institution Information -----

NOTE: It is recommended that you contact your financial institution to verify your correct transit routing and account numbers. Any errors in these numbers will cause direct deposits to be returned and replaced with paper warrants through the program agency.

I _____ **J** _____
Name of Financial Institution Financial Institution Area Code and Telephone Number

K _____
Branch Address, City, State, Zip Code

L _____ **M** _____
Financial Institution Routing Number Payee Account Number

N You must select **one** of the following options: Direct deposit to my **CHECKING** account.
 Direct deposit to my **SAVINGS** account.

Official Use Only

_____ - _____
Agency Number Verification of Routing Number Verification of Payee Account Number



STATE OF ILLINOIS

IMPORTANT NOTICE: This form is to be used only for State of Illinois Recurring Payments.

If you wish your payments sent to your financial institution for deposit into your savings or checking account, you must complete this form to authorize this action. Some agencies may require your financial institution to verify routing and account information. The State Comptroller will forward your recurring payments to the destination you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal- or state-chartered credit union that is a member of the Automated Clearing House Access Program. If you do not have an account at such a facility, you must contact a qualifying financial institution and establish an account prior to enrolling for direct deposit.

INSTRUCTIONS

Please type or print in ink all information requested.

1. Type or print the payee's Social Security Number. Do not include dashes.
2. Type or print the name of the person to whom the payment is made. This is the Payee Name except where a representative payee has been appointed or a guardian or conservator has been appointed by a Court.
3. Type or print the Name of Program Agency.
4. Type/Print Payee Name in the space provided, sign where indicated (Signature of Payee) and print Date.
5. Type or print the Work Area Code and Telephone Number of the payee or a number where the payee can be reached during the day.
6. Type or print the Name of Financial Institution in which the payee's account resides.
7. Type or print the Financial Institution Area Code and Telephone Number.
8. Type or print the financial institution Branch Address, City, State, Zip Code where the payee's account resides.
9. Type or print the 9-digit Financial Institution Routing Number that appears at the bottom of the payee's printed checks. (The program agency may require the payee to have this information verified by the financial institution prior to submitting the authorization form.)
10. Type or print the Payee Account Number that also appears at the bottom of the payee's printed checks. The number of digits varies among institutions.
11. You must select one account type to receive recurring payments (**Checking or Savings**). Payee must indicate which one of his accounts (Savings or Checking) should receive the recurring direct deposits.
12. Attach a voided check before submitting this completed form to your agency's payroll clerk. Do not substitute a deposit slip for the voided check. Financial institutions may alter numbers that appear on deposit slips for internal purposes.

CANCELLATION INSTRUCTIONS

When entered in the payee's record with the program agency, this authorization will remain in effect until canceled by notice to the program agency by the payee or in the event of death of the payee or the beneficiary of this payment. The financial institution should also be notified if the payee cancels this agreement. The financial institution may cancel their agreement by providing the payee with a written notice 30 days in advance of the cancellation date. The payee must advise the program agency immediately if this authorization is cancelled. The financial institution cannot cancel this authorization by advice to the program agency.

Privacy Act Notice:

You previously provided your Taxpayer Identification Number (TIN), i.e. your social security number or your employer identification number, to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons, such as the State of Illinois Office of the Comptroller, who must file documents with the Internal Revenue Service to report income paid to you, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The Illinois Office of the Comptroller, as administrator of the direct deposit program, requests verification of your TIN on the Authorization for Deposit of Recurring Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Deposit of Recurring Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in the direct deposit program.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	ELECTRONIC COMMERCE	PROCEDURE - PAGE NO. 20.20.20 1 of 2
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	COMMERCIAL AUTHORIZATION ESTABLISHMENT OF DIRECT DEPOSIT	REVISION NUMBER 18-001

COMMERCIAL AUTHORIZATION ESTABLISHMENT OF DIRECT DEPOSIT

To enroll for direct deposit of all State commercial payments or to change your current banking information, vendors should contact the Comptroller's Electronic Commerce Section for a brief interview and to receive an Authorization for Direct Deposit of Payments Form (SCO-400). See Exhibit 20.20.20-A. The completed form must be mailed to the Comptroller's Office Electronic Commerce Section.

PRENOTES DEFINITION

The Comptroller's Office requires that a prenote be processed before an actual direct deposit (Electronic Funds Transfer) Commercial payment is made.

A prenote is processed before the first direct deposit payment is made by the Comptroller's Office. A prenote is a zero dollar test transaction that is sent through the Automated Clearing House (ACH) network to the receiving financial institution. It takes three banking days to process. It conveys the same information, with the exception of the dollar amount and transaction code, that will be carried on subsequent dollar entries. The prenote notifies the payee's financial institution that the customer will be receiving electronic deposits into the specified account and identifies any errors with the account type, account number, or financial institution routing number. If the Comptroller's Office is not notified of any errors during the prenote process, the next payment processed will be deposited electronically. If an error occurs, the agency/vendor will be notified that corrective action is needed.

Direct Deposit will remain active for a period of up to 24 months after the last payment.

AUTHORIZATION FOR ESTABLISHMENT OF COMMERCIAL DIRECT DEPOSIT

Illinois Direct Deposit is the Comptroller's direct deposit program that electronically transmits State vendors' payments directly to their financial institution for posting to their designated accounts. It can also transmit payment information electronically to the financial institution along with the funds, if the information is provided appropriately on the payment voucher by the paying agency.

Individuals or companies who currently receive State Commercial payments may be eligible to participate in the direct deposit program. Illinois Direct Deposit requires that all payments issued to a single authorized vendor number (FEIN or SSN) must be deposited into one bank account. The Comptroller's Office creates CTX and CCD+ transactions with multiple lines of addenda for payment descriptions to be delivered with the payments through the Automated Clearing House (ACH) network to the payee's financial institution. Effective September 1998, the National

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	ELECTRONIC COMMERCE	PROCEDURE - PAGE NO. 20.20.20 2 of 2
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Automated Clearing House Association (NACHA) rules require that financial institutions provide the addendum information to any customer who requests it.

The Comptroller's Office does not provide notification of payment directly to the payee; however, after vouchers have been processed by the Comptroller's Office, Commercial payment information is accessible on the Comptroller's website.

The Comptroller's Office administers the Commercial enrollment and prenote processes for all regular Commercial vendor direct deposit participants. The Comptroller's Office lead bank processes regular commercial vendor prenotes and payments in accordance with NACHA standards. The Treasurer's Office maintains the enrollment and prenote process of Illinois Funds participants.

Vendors wishing to enroll in the Illinois Funds program (IPTIP) should contact the Illinois Treasurer's Office. Vendors wishing to enroll in Illinois Direct Deposit for Commercial Payments should contact the Comptroller's Electronic Commerce Section for detailed instructions and enrollment forms. Information regarding Illinois Direct Deposit is available on the web site www.illinoiscomptroller.gov.



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Authorization for Direct Deposit of Payments

COMMERCIAL

(This form is used for vendors who provide goods and services to the State of Illinois.)

Sign and return completed form to:

OFFICE OF THE COMPTROLLER STATE OF ILLINOIS

Attn: Electronic Commerce

325 W. Adams St., 3rd Floor • Springfield, Illinois 62704-1871

Please type or print in ink.

1) _____
Taxpayer Identification Number

- This is my: Social Security Number
 Federal Employer I.D. Number
 Governmental Unit Code

2) _____
Individual Payee Last Name (or Company Name) Individual Payee First Name

3) _____
Mailing Address (Indicate Suite, Apartment Number, or P. O. Box, if applicable), City, State, Zip Code

4) (____/____/____) ____/____/____ -- ____/____/____/____ 5) _____
Area Code and Telephone Number (Daytime) Email Address

Under penalties of perjury, I certify that the information provided on this form is true and correct, and that I am the individual payee or an authorized representative for the above named company. I authorize the State of Illinois Office of the Comptroller to direct payments for crediting in my account at the financial institution designated on this form and to initiate, if necessary, reversal or recall entries for any credit entries in error. If a direct deposit payment cannot be made, I understand that payment will be mailed to the payee address that appears on the payment voucher. This authorization is applicable to all Commercial payments issued by the Comptroller to the payee's Taxpayer Identification Number, except where authorized by the payee for other State programs.

Is this request pursuant to an assignment, U.C.C. lien, factoring or security agreement? Yes____ No____

6) _____
Name of Authorizing Person (Please print) Signature of Authorizing Person Date

Please attach a voided check (starter checks not accepted) or an account verification letter from your financial institution signed by an authorized official.

NOTE: It is recommended that you contact your financial institution to verify the transit routing number. If you need Remittance information you should also notify your institution that State payments will be transmitted in the Corporate Credit or Debit with Addenda (CCD+) or Corporate Trade Exchange (CTX) format with multiple addenda records.

7) Select ONE of the following: Initial Direct Deposit Setup
 Direct Deposit Change (previous bank information MUST be entered in 12) and 13) below for changes)

8) _____ 9) _____
Nine-digit Routing Transit Number Payee Account Number DO NOT INCLUDE CHECK NUMBER

10) You must select one of the following options: Direct deposit to my CHECKING account.
 Direct deposit to my SAVINGS account.

11) _____ (____/____/____) ____/____/____ - ____/____/____/____
Name of Financial Institution Financial Institution Telephone Number

FOR CHANGES ONLY:

12) _____ 13) _____
Previous Routing Transit Number Previous Payee Account Number

IMPORTANT: *Illinois Direct Deposit* currently limits vendors to one bank account per Vendor Number (SSN/FEIN). Before enrolling, be sure that you are authorized to direct all State of Illinois payments issued under your Vendor Number into one account. If you are uncertain, you may review your payment history on the *Vendor Payments* section of the Comptroller's Web site (www.illinoiscomptroller.gov) or call the Comptroller's Office at 217/557-0930 for assistance. Direct Deposit will remain active for a period of up to 18 months after last payment.

(To reduce the risk of errors, please type or print (in ink) the information request on the form.)

1. Enter payee's Taxpayer Identification Number. Check the appropriate type: Social Security Number, Federal Employee Identification Number or Governmental Unit Code assigned by the Comptroller.
2. Enter Individual Payee Last Name (or Company Name) and Individual Payee First Name as it appears on current payments.
3. Enter payee's Mailing Address (including applicable suite, apartment or post office box numbers) and the City, State and Zip Code. This should be the address of the payee where mailings from the Comptroller would be directed, if necessary, regarding the direct deposit program.
4. Enter payee's Area Code and Telephone Number.
5. Enter payee's Email Address.
6. After reading the Certification Statement, the Authorizing Person Prints his/her name, Signs where indicated (in ink) and enters the Date the form is signed.
7. Indicate with a check mark whether this is an Initial Direct Deposit Setup (you are NOT currently enrolled in direct deposit with the State of Illinois) or a Direct Deposit Change (you are currently enrolled in direct deposit with the State of Illinois but wish to change your banking information).
8. Enter the Routing Transit Number of the payee's Financial Institution.
9. Enter the designated Payee Account Number. (Attach a voided check or an account verification letter from your Financial Institution signed by an authorized official.)
10. Indicate with a check mark the type of account designated, either Checking or Savings.
11. Enter the name of the payee's Financial Institution, Area Code and Telephone Number.

FOR CHANGES ONLY:

13. Enter the Routing Transit Number where payments were being direct deposited prior to this requested change.
14. Enter the Payee Account Number where payments were being direct deposited prior to this requested change.

MEDICAID PAYEES who enroll for direct deposit will continue to receive their EOBs (Explanation of Benefits) through the mail from the agency.

NON-MEDICAID PAYEES will only receive remittance information electronically IF entered by the paying agency on the payment voucher. Limited information may also be viewed on the Comptroller's web site.

Privacy Act Notice: You previously provided your Taxpayer Identification Number (TIN), i.e. your social security number or your employer identification number, to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your TIN to persons, such as the State of Illinois, who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, the acquisition or abandonment or secured property, cancellation of debt, or contributions you made to an IRA. The Illinois Office of the Comptroller, as administrator of the Illinois Direct Deposit program, requests verification of your TIN on the Authorization for Direct Deposit of Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Direct Deposit of Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in the Illinois Direct Deposit program.

Prompt Payment Notice: Payment of interest may be available if the State fails to comply with the State Prompt Payment Act (Ill. Rev. Stat. 1991, ch 127, par. 132.400 et seq.) (30 ILCS 540)



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SECTION	ELECTRONIC COMMERCE	PROCEDURE - PAGE NO. 20.20.30 1 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	COMMERCIAL PAYMENT PROCESSING	REVISION NUMBER 18-001

COMMERCIAL PAYMENT PROCESSING

Agencies provide payment and payment-related data to the Comptroller's Office via file. Agencies currently use the 900M file format (Version 1 or 2). The 900M format is used for the paperless Commercial transactions. Therefore, each 900M record contains imperative information needed by the Comptroller's Office to audit the transaction. This information is carried in a 360-character area that represents six (6) lines of sixty (60) characters each. These six (6) lines are printed on the remittance portion of the paper warrant document. For electronic payments, beginning September 1, 2000, an additional sixty (60) characters are allotted to provide for remittance information to be included in the addendum record. None of the six (6) lines for the hard copy remittance are included in the electronic remittance information, nor are the 60 characters for the electronic payment included in the hard copy remittance with the warrant. If Version 2 of the 900M format is utilized by agencies, two of the nineteen additional remittance fields from the Voucher Addenda Record (Customer ID, Billing Account) will appear on both the electronic record and the warrant stub.

The electronic 60-character remittance field is located in positions 379-438 on the 900M format. This field offers agencies the opportunity to enhance the quality of payment description provided to payees who have elected to receive electronic payments with remittance information. This field may contain descriptive information other than the invoice number, invoice date and paying agency code, which are passed electronically to direct deposit vendors. If an agency does not intend to use this remittance field for payment description, this field must be left blank. If left blank, the Comptroller's Office automatically fills that field with the payment voucher number and phone number of the SAMS Help Desk. Agencies are encouraged to use this field to provide additional remittance information to their EFT vendors. Agencies should communicate with their vendors to determine what information is needed.

DIRECT DEPOSIT MANDATES

Pursuant to Public Act 97-0348, vendors that receive 30 or more paper checks annually from the same agency may be charged \$2.50 for each paper check received thereafter. To prepare vendors for this law's implementation the IOC has set a threshold of paper checks a vendor may receive without being subjected to the fee. The threshold began at 1,000 paper checks on August 1, 2012, and decreased to the statutory limit of 30 on July 1, 2015.

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SECTION	ELECTRONIC COMMERCE	PROCEDURE - PAGE NO. 20.20.30 2 of 3
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE January 1, 2017
PROCEDURE	COMMERCIAL PAYMENT PROCESSING	REVISION NUMBER 17-002

HARDSHIP EXEMPTION

Subsection (d) of 15 ILCS 405/9.03 allows vendors to file a hardship petition requesting an exemption from the direct deposit mandates. A hardship petition is available for download on the Comptroller's website.

CONFIDENTIALITY INDICATOR

Agencies are given the opportunity to mark payment vouchers as confidential or non-confidential. For vouchers that are marked non-confidential, the Comptroller's Office will make the associated text information (bytes 379-438 and bytes 527-886) available through the Comptroller's web site (www.illinoiscomptroller.gov) to vendors. For vouchers that are marked confidential, the Comptroller's Office will not make the associated text information available through the Comptroller's web site to vendors. However, for vouchers marked confidential, the Comptroller will continue to make the current fiscal information available, along with the agency's contact telephone number.

The confidentiality indicator is located in byte 887 of the file layout. The allowable codes for that field are "Y", "N", or blank. A blank field or the code "Y" indicates that the associated text information is confidential and that it will not be disclosed on the Comptroller's web site. The code "N" indicates that the associated text information is not confidential and will be disclosed on the Comptroller's web site.

ILLINOIS FUNDS

Agencies making payments to the Treasurer's Illinois Funds participants should use the 60-character remittance field to describe the payment. For example: "IDOR – Replacement Tax." Agencies are encouraged to take advantage of this remittance description field. If the field is left blank, the Comptroller's Office system will add automatically the voucher number and the text "Illinois Funds Payment."

To ensure that payments are direct deposited into Illinois Funds, agencies must put an "8" in the EFT indicator field (byte 348) of the 900 or 900M commercial voucher file layout.

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SECTION	ELECTRONIC COMMERCE	PROCEDURE - PAGE NO. 20.20.30 3 of 3
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OTHER AVAILABLE FEATURES

Another feature of the Commercial Electronic Commerce Program allows the agencies to override an electronic deposit authorization, and create a paper warrant for an individual payment. By placing a "9" in the EFT indicator field (byte 348 of the 900 or 900M format of the Commercial voucher file), a paper warrant is issued and the following message is printed on the paper warrant (stub). *"This payment was switched from EFT to hard copy pursuant to a request from the paying agency."* This indicator should be used only in instances where there is a specific need for a paper warrant, or the payee has specifically requested to receive a paper warrant. It is recommended that agencies use a segment of the available 360-character invoice description field to explain the reason the payment was converted to a paper warrant.

SAMS edits the name field on EFT payments to match the name to the Vendor File. All EFT payments that do not pass this edit will be rejected, corrected or default to a hard-copy warrant.

If an agency is interested in identifying electronic payments, the vendor's EFT status can be checked on SAMS. Agencies who have access to SAMS can inquire on the VEN2 screen. Electronic payment vendors will have an EFT status of "A." Agencies that use the daily vendor file (distributed by CMS) can refer to the EFT indicator on that file.

The Comptroller's Office plans to continue enhancing the Commercial Electronic Deposit Program. Please address questions to the Electronic Commerce Section at 217/557-0930.

ACCOUNTING BULLETINS FOR REFERENCE

- State Employee's Expense Reimbursement Mandated Direct Deposit - Accounting Bulletin 175
- Commercial Direct Deposit Multiple Bank Account Program - Accounting Bulletin 176
- Mandated Direct Deposit (Public Act 97-0348) - Accounting Bulletin 173

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PROCEDURE	STATUTE REFERENCE	REVISION NUMBER
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(f-5) After 5 years from the date of issuance of the original warrant but no later than 10 years after that date, the Comptroller may issue a replacement warrant on the Warrant Escheat Fund to a person or entity entitled thereto, as those persons and entities are described in subsection (b) of this Section, if the following requirements are met:

- (1) the person or entity verifies that they are entitled to the original warrant;
- (2) in the case of a warrant that is not presented by the requestor, the paying agency certifies that the original payee is still entitled to the payment; and
- (3) the Comptroller's records are available and confirm that the warrant was not replaced.

(g) Except as provided in this Section, requests for replacement warrants for more than \$500 shall show entitlement to such warrant by including an affidavit, in writing, sworn before a person authorized to administer oaths and affirmations, stating the loss or destruction of the warrant, or the fact that the warrant is void. However, when the written request for a replacement warrant submitted by the person to whom the original warrant was issued is accompanied by the original warrant, no affidavit is required. Requests for replacement warrants for \$500 or less shall show entitlement to such warrant by submitting a written statement of the loss or destruction of the warrant, or the fact that the warrant is void on an application form prescribed by the Comptroller. If the person requesting the replacement is in possession of the original warrant, or any part thereof, the original warrant or the part thereof must accompany the request for replacement. The comptroller shall then draw such replacement warrant, and the treasurer shall pay the replacement warrant. If at the time of a loss or destruction a warrant was negotiated to a third party, however (which fact shall be ascertained by the oath of the party making the application, or otherwise), before the replacement warrant is drawn by the comptroller, the person requesting the replacement warrant must give the comptroller a bond or bonds with sufficient sureties, to be approved by the comptroller, when required by regulation of the comptroller, payable to the People of the State of Illinois, for the refunding of the amount, together with all costs and charges, should the State afterwards be compelled to pay the original warrant.

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Escheated Warrant-Warrant Escheat Fund. (15 ILCS 405/10.14)

Sec. 10.14. When a warrant becomes void and is canceled under Section 10.07, any money which has been set aside by the comptroller and the State Treasurer for the payment of such warrant shall escheat to the State of Illinois, and shall be paid into the Warrant Escheat Fund.

Refusal to Draw and Issue Replacement Warrant-Action in Court of Claims-Limitation.
(15 ILCS 405/10.16)

Sec. 10.16. If the comptroller refuses to draw and issue a replacement warrant under Section 10.10, persons who are entitled under Section 10.10 to request a replacement warrant may file an action in the Court of Claims for the payment of the sum indicated due on the warrant. For the purpose of the limitations prescribed in Section 22 of “An Act to create the Court of Claims, to prescribe its powers and duties, and to repeal an Act herein named”, filed July 17, 1945, as now or hereafter amended, the actions created in this Section shall accrue from the date of the Comptroller’s refusal.

Direct Deposit of State Payments. (15 ILCS 405/9.03)

Sec. 9.03. Direct deposit of State payments.

(a) The Comptroller, with the approval of the State Treasurer, may provide by rule or regulation for the direct deposit of any payment lawfully payable from the State Treasury and in accordance with federal banking regulations including but not limited to payments to (i) persons paid from personal services, (ii) persons receiving benefit payments from the Comptroller under the State pension systems, (iii) individuals who receive assistance under Articles III, IV, and VI of the Illinois Public Aid Code, (iv) providers of services under the Mental Health and Developmental Disabilities Administrative Act, (v) providers of community-based mental health services, and (vi) providers of services under programs administered by the State Board of Education, in the accounts of those persons or entities maintained at a bank, savings and loan association, or credit union, where authorized by the payee. The Comptroller also may deposit public aid payments for individuals who receive assistance under Articles III, IV, VI, and X of the



This Office may replace warrants for a period up to ten years from date of issue, after which any request for reimbursement must be directed to the Court of Claims.

Replacement Warrant Request and Affidavit

Name of Claimant . . .
 Address
 City and State
 Attention

ORIGINAL WARRANT DATA	
Issue Date:	
No.	Amt. \$
Payee:	
Acct. Cd.	FY

STATE OF ILLINOIS _____
 County of _____

WHEREAS, the Comptroller of the State of Illinois has advised me that he has issued the above-described warrant on the State Treasury; and

WHEREAS, said warrant was _____
 (Specify: Lost, mislaid, destroyed, not received, stolen, or void over 12 months old.)

THEREFORE _____ for _____
 (Name of Individual(s) Signing Request (name of organization, if appropriate)

of the City of _____ County of _____

State of _____, being duly sworn on oath deposes and says:

That payment has not been received by the claimant for the amount represented by the above warrant, and that the amount thereof is properly due the claimant as _____
 (SPECIFY: Payee, endorsee, heir, receiver, executor, or other lawful claimant.)

That said warrant _____ been endorsed by the claimant as payable to bearer, or payable to the order of a person, financial institution, or business entity.
 (has or has not)

That the claimant is held and firmly bound unto the State of Illinois for any loss incurred by negotiation, sale and transfer of said warrant.

That this document is submitted to enable the Comptroller to issue a warrant pursuant to the aforesaid claim as authorized by the provisions of the State Comptroller Act, and that the facts as stated herein are true to the best of my knowledge and belief.

PLEASE NOTE: If the original warrant is received or discovered after replacement, you must not attempt to negotiate it, but must return it to the Comptroller, if not previously done so.

 (Signature)

 (Signature)

SUBSCRIBED and sworn to this _____ day of _____ 20____, before me, a notary public (or _____), and I hereby certify under my official seal that I am duly authorized by the laws of the State of _____ to administer oaths in _____
 (Title) (County or other jurisdiction)

 (Signature)

 (Official Title)

(SEAL)

Submit to:
 State of Illinois
 Office of the Comptroller
 325 West Adams Street
 Springfield, Illinois 62704-1871

ATTN: Adjustments Section*

COMPTROLLER USE ONLY
 ACTION OF CLAIM

Approved Disapproved
 Original Warrant Submitted Yes No



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Dear Claimant:

The Comptroller's Office has received a request for a replacement of the check referenced on the affidavit on the reverse side. In order that a replacement check may be issued, the affidavit should be completed by the claimant(s) and returned to this office **BEFORE TEN YEARS FROM THE ISSUE DATE OF THE CHECK.**

- () **STOP-PAYMENT: DO NOT ATTEMPT TO NEGOTIATE THIS CHECK!**
If you receive the check in good condition, return this affidavit along with a written request to release stop-payment. You will receive notification by mail when the stop-payment has been released and you may negotiate the check. If you receive the check in poor condition or do not receive the check at all, complete the affidavit and return it to this office, at which time we will issue a replacement check.
- () **ESCHEAT REPLACEMENT:** This replacement request was given for a check that has become void. If the check is in your possession, please write "VOID" across it and return it to this office along with the replacement affidavit.

Please complete the steps indicated below:

- () The payee, or claimant, must sign the affidavit. If there is more than one payee, each person must sign the affidavit.
- () If the amount of the check is more than \$500.00, the affidavit requires completion and signature in the presence of a Notary Public or Judge, who will witness the affidavit.
- () If the amount of the check is \$500.00 or less, the affidavit requires completion and the signature of the claimant(s) but does not require notarization.
- () If the claimant is a business or governmental entity, the person completing the affidavit on behalf of that business/governmental entity **must specify** his/her name and organization on the space provided.
- () If someone other than the payee is completing the affidavit on behalf of the payee, a copy of the court documents which designate that person, such as: Power of Attorney, Plenary Guardian, Trustee or Conservator, must be provided.

Upon receipt of a properly completed and signed affidavit, we will issue a replacement check. Please contact the Adjustments Section at (217) 785-1129 for questions concerning checks that are less than 12 months old. For checks that are over 12 months old, please contact the Adjustments Section at (217) 785-1130.



Warrant Action Request

Agency: _____

Address: _____

Contact Person: _____ Phone: _____

Authorized Agency Official: _____ Date: _____

(Signature)

Warrant Number

Warrant Amount	Issue Date

IOC Use	Line No.	Payee Name and Current Address
	Line 1	
	Line 2	
	Line 3	
	Line 4	

Comments:

Voucher No.	Appropriation Account Code			FY	Vendor No./Location

Replacement Requests:

Please provide a copy of your internal Invoice-Voucher (C-13) or SAMS PVTX if available and applicable.

IOC USE ONLY			
Issued Warrant No.	Issue Date		Affidavit
			Replacement Warrant
			Both

PREMAIL ACTION REQUEST:

- Last Minute Hold
- Last Minute Remail
- Last Minute Hold to Cancel

REPLACEMENT ACTION REQUEST:

- Replace Warrant (authorizes stop-pay)
- Rescind Replacement Request

OTHER ACTION REQUEST:

- Place Agency Stop (no replacement)
- Rescind Agency Stop
- Cancel for Redeposit
- Remail Warrant

ATTACHMENTS:

- Affidavit
- Warrant

Stop-payment _____

Replaced _____

Special Replacement _____

Authorized By _____

Date _____





Warrant Action Request

Exhibit 21.20.20-B
(12-001)

Agency: _____ (1)

Address: _____

Contact Person: _____ Phone: _____

Authorized Agency Official: _____ Date: _____
(Signature)

PREMAIL ACTION REQUEST:

- (15) Last Minute Hold
- (15) Last Minute Remail
- (15) Last Minute Hold to Cancel

REPLACEMENT ACTION REQUEST:

- (15) Replace Warrant
(authorizes stop-pay)
- (15) Rescind Replacement Request

OTHER ACTION REQUEST:

- (15) Place Agency Stop
(no replacement)
- (15) Rescind Agency Stop
- (15) Cancel for Redeposit
- (15) Remail Warrant

ATTACHMENTS:

- (16) Affidavit (16) Warrant

Warrant Number	Warrant Amount	Issue Date
(2)	(3)	(4)

IOC Use	Line No.	Payee Name and Current Address
	Line 1	(5)
	Line 2	(6)
	Line 3	(6)
	Line 4	(6)

Comments: (7)

Voucher No.	Appropriation Account Code				FY	Vendor No./Location
(8)	(9)	(10)	(11)	(12)	(13)	(14)

Replacement Requests:

Please provide a copy of your internal Invoice-Voucher (C-13) or SAMS PVTX if available and applicable.

IOC USE ONLY			
Issued Warrant No.	Issue Date		Affidavit
			Replacement Warrant
			Both

Stop-payment _____

Replaced _____

Special Replacement _____

Authorized By _____

Date _____

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.20 1 of 2
SUB-SECTION	PAYROLL	EFFECTIVE DATE January 1, 2015
PROCEDURE	SYSTEM CYCLE AND TIMING	REVISION NUMBER 15-002

SYSTEM CYCLE AND TIMING

The overall payroll system can be segregated into three basic segments: employee registration, voucher processing and distribution of warrants and payroll related data.

EMPLOYEE REGISTRATION

Employee registration includes procedures necessary to enroll new employees in the State payroll system and to change information pertaining to employees previously enrolled. State and Federal withholding forms (W-4s) must be signed by the employee, and submitted to the Comptroller's Office by hard copy or electronically (See Exhibit 23.20.05-B) prior to the employee appearing on a payroll voucher. A copy of the W-4s must be maintained by the vouchering agency. Authorizations for deductions or revocations of previous deductions of voluntary deductions should not be sent to the Comptroller's office but must be maintained by the vouchering agency. The IOC recommends the vouchering agency review the employee's social security card to verify it matches their completed W-4 cards.

VOUCHER PROCESSING

Voucher processing includes procedures to prepare and submit payroll vouchers to the Comptroller's Office. Payroll vouchers reflecting gross pay for each employee on a payroll are required by 9 a.m. four working days prior to the scheduled pay date. Agencies are required to supply a file to support the voucher. A payroll voucher distribution schedule reflecting the accounting distribution of gross expenditures and employer contributions to social security and retirement systems paid through the payroll system must be submitted with every voucher.

A new Payroll File Layout was adopted July 1, 2001 (Exhibit 23.20.50). A new abbreviated (reduced paper) version of the payroll voucher was also adopted. See Appendix F of the Payroll File Layout (Exhibit 23.20.50).

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.10.20 2 of 2
SUB-SECTION	PAYROLL	EFFECTIVE DATE July 1, 2017
PROCEDURE	SYSTEM CYCLE AND TIMING	REVISION NUMBER 18-001

WARRANTS AND PAYROLL DATA DISTRIBUTION

Distribution includes procedures to transmit payroll warrants and earnings statements from the Comptroller's Office to the agency. Warrants and earnings statements are printed alphabetically within distribution code sequence after a balanced and error-free voucher is received from the agency and are released to agencies to be distributed to employees on the scheduled pay date.

Direct deposits are credited to employees' accounts on the scheduled pay date provided a balanced and error free voucher is submitted at least four working days prior to the scheduled pay date.

In accordance with 15 ILCS 405/9.03, all State payments to an entity from a payroll or retirement voluntary deduction must be made through direct deposit. Deduction listings should be retrieved from the Comptroller's website at <https://illinoiscomptroller.gov/vendors/enhanced-vendor-remittance1/>. Processing fees may be charged by the Comptroller's office for issuing hard-copy warrants and/or mailing copies of deduction listings.

Payroll for employees under contract are to be processed through the salary payroll system. Therefore, employee registration, voucher processing, warrants and payroll data distribution follow the same procedures as the salary payroll.

Stipend payments are to be processed through the salary payroll system. Any agency required to make these payments must contact the Comptroller's Payroll Unit for detailed instructions prior to processing. Address files must be submitted prior to processing payments for stipends.



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Payroll Address File

This document describes the file format to be used by State Agencies transmitting payroll address information directly to the Comptroller.

I. FILE CHARACTERISTICS

The Payroll Address File records are 360 bytes in length. Numeric fields are unpacked. The Payroll Address File consists of address information for an employee.

II. FILE ORDER

The file is in order of employee's social security number.

III. ADDRESS FIELD CONVENTIONS/EXAMPLES

The following standards will be used for providing **both** mailing and voting address information. Address information should come from the employee's W-4 card.

PUNCTUATION SHOULD NOT BE USED IN ADDRESS FIELDS.

EXAMPLE 1		EXAMPLE 2	
LOCATION ADDRESS	11TH FLOOR	LOCATION ADDRESS	
DELIVERY ADDRESS	5160 YONGE ST	DELIVERY ADDRESS	123 N PARK AVE
CITY	TORONTO	CITY	NEW YORK
STATE		STATE	NY
ZIPCODE		ZIPCODE	10017
ZIPCODE EXTENSION		ZIPCODE EXTENSION	5518
FOREIGN STATE/ PROVINCE	ONTARIO	FOREIGN STATE/ PROVINCE	
FOREIGN POSTAL CODE	M2N 6L9	FOREIGN POSTAL CODE	
COUNTRY CODE	CA	COUNTRY CODE	

IV. APPENDICES

A. Valid County Code Values

ADDRESS RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Social Security Number	1	9	9	9(9)	Unique ID Number assigned by the Social Security Administration
Date of Birth	10	17	8	9(8)	Date of birth of payee (MMDDCCYY)
Paycode	18	22	5	9(5)	Unique identifier for payrolls assigned by Comptroller upon request
Filler	23	42	20	X(20)	Value Spaces
Last Name	43	62	20	X(20)	Payee's last name
First Name	63	77	15	X(15)	Payee's first name
Middle Name	78	92	15	X(15)	Payee's middle name
Suffix	93	96	4	X(4)	Payee's suffix

The following information comes from the employees W4 card. PUNCTUATION SHOULD NOT BE USED IN THE FOLLOWING FIELDS

Voting Location Address	97	118	22	X(22)	See III page 1
Voting Delivery Address	119	140	22	X(22)	See III page 1
Voting City	140	162	22	X(22)	See III page 1
Voting State	163	164	2	XX	See III page 1
Voting Zipcode	165	169	5	9(5)	See III page 1
Voting Zipcode Extension	170	173	4	9(4)	See III page 1
Voting County Code	174	176	3	9(3)	See Appendix A
Mailing Location Address	177	198	22	X(22)	See III page 1
Mailing Delivery Address	199	220	22	X(22)	See III page 1
Mailing City	221	242	22	X(22)	See III page 1
Mailing State	243	244	2	XX	See III page 1
Mailing Zipcode	245	249	5	9(5)	See III page 1
Mailing Zipcode Extension	250	253	4	9(4)	See III page 1
Foreign State/Province	254	276	23	X(23)	See III page 1
Foreign Postal Code	277	291	15	X(15)	See III page 1
Country Code	292	293	2	X(2)	See III page 1

ADDRESS RECORD

<u>DATA ELEMENT</u>	BYTES		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Filler	294	360	67	X(67)	Value Spaces; <u>Comptroller</u> <u>authorization required</u> <u>prior to usage</u>



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

County Code Valid Format

COUNTY	CODE	COUNTY	CODE
Adams	001	Alexander	003
Bond	005	Boone	007
Brown	009	Bureau	011
Calhoun	013	Carroll	015
Cass	017	Champaign	019
Christian	021	Clark	023
Clay	025	Clinton	027
Coles	029	Cook	031
Crawford	033	Cumberland	035
DeKalb	037	DeWitt	039
Douglas	041	Du Page	043
Edgar	045	Edwards	047
Effingham	049	Fayette	051
Ford	053	Franklin	055
Fulton	057	Gallatin	059
Greene	061	Grundy	063
Hamilton	065	Hancock	067
Hardin	069	Henderson	071
Henry	073	Iroquois	075
Jackson	077	Jasper	079
Jefferson	081	Jersey	083
Jo Daviess	085	Johnson	087
Kane	089	Kankakee	091
Kendall	093	Knox	095
Lake	097	La Salle	099
Lawrence	101	Lee	103
Livingston	105	Logan	107
Mc Donough	109	Mc Henry	111
McLean	113	Macon	115
Macoupin	117	Madison	119
Marion	121	Marshall	123
Mason	125	Massac	127
Menard	129	Mercer	131

County Code Valid Format

COUNTY	CODE	COUNTY	CODE
Monroe	133	Montgomery	135
Morgan	137	Moultrie	139
Ogle	141	Peoria	143
Perry	145	Piatt	147
Pike	149	Pope	151
Pulaskie	153	Putnam	155
Randolph	157	Richland	159
Rock Island	161	St Clair	163
Saline	165	Sangamon	167
Schuyler	169	Scott	171
Shelby	173	Stark	175
Stephenson	177	Tazewell	179
Union	181	Vermilion	183
Wabash	185	Warren	187
Washington	189	Wayne	191
White	193	Whiteside	195
Will	197	Williamson	199
Winnebago	201	Woodford	203
Out of State	300	Out of Country	400



Authorization for Deposit of Recurring Payments

To apply for direct deposit of State of Illinois payroll payments, complete this form, sign and return it to your agency's Payroll Department along with a voided check.

____/____/____
Social Security Number (Taxpayer Identification Number)

(Please type or print in ink)

Payee's Name

Name of Program Agency

Payee Mailing Address

(Apt/P.O. Box)

City

State

Zip Code

I, _____, certify the information provided on this form is correct. I authorize and request the program agency to direct my recurring payments for crediting in my account at the financial institution designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. If a direct deposit cannot be made, I understand that the program agency shall provide payment to me by paper warrant. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.

Signature of Payee

Date

Work Area Code and Telephone Number

----- Financial Institution Information -----

NOTE: It is recommended that you contact your financial institution to verify your correct transit routing and account numbers. Any errors in these numbers will cause direct deposits to be returned and replaced with paper warrants through the program agency.

Name of Financial Institution

(____/____/____)____/____/____-____/____/____
Financial Institution Area Code and Telephone Number

Branch Address, City, State, Zip Code

Financial Institution Routing Number

Payee Account Number

- You must select **one** of the following options:
- Direct deposit to my **CHECKING** account.
 - Direct deposit to my **SAVINGS** account.

Official Use Only

Agency Number

Verification of Routing Number

Verification of Payee Account Number



STATE OF ILLINOIS

IMPORTANT NOTICE: This form is to be used only for State of Illinois Recurring Payments.

If you wish your payments sent to your financial institution for deposit into your savings or checking account, you must complete this form to authorize this action. Some agencies may require your financial institution to verify routing and account information. The State Comptroller will forward your recurring payments to the destination you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal- or state-chartered credit union that is a member of the Automated Clearing House Access Program. If you do not have an account at such a facility, you must contact a qualifying financial institution and establish an account prior to enrolling for direct deposit.

INSTRUCTIONS

Please type or print in ink all information requested.

1. Type or print the payee's Social Security Number. Do not include dashes.
2. Type or print the name of the person to whom the payment is made. This is the Payee Name except where a representative payee has been appointed or a guardian or conservator has been appointed by a Court.
3. Type or print the Name of Program Agency.
4. Type/Print Payee Name in the space provided, sign where indicated (Signature of Payee) and print Date.
5. Type or print the Work Area Code and Telephone Number of the payee or a number where the payee can be reached during the day.
6. Type or print the Name of Financial Institution in which the payee's account resides.
7. Type or print the Financial Institution Area Code and Telephone Number.
8. Type or print the financial institution Branch Address, City, State, Zip Code where the payee's account resides.
9. Type or print the 9-digit Financial Institution Routing Number that appears at the bottom of the payee's printed checks. (The program agency may require the payee to have this information verified by the financial institution prior to submitting the authorization form.)
10. Type or print the Payee Account Number that also appears at the bottom of the payee's printed checks. The number of digits varies among institutions.
11. You must select one account type to receive recurring payments (**Checking or Savings**). Payee must indicate which one of his accounts (Savings or Checking) should receive the recurring direct deposits.
12. Attach a voided check before submitting this completed form to your agency's payroll clerk. Do not substitute a deposit slip for the voided check. Financial institutions may alter numbers that appear on deposit slips for internal purposes.

CANCELLATION INSTRUCTIONS

When entered in the payee's record with the program agency, this authorization will remain in effect until canceled by notice to the program agency by the payee or in the event of death of the payee or the beneficiary of this payment. The financial institution should also be notified if the payee cancels this agreement. The financial institution may cancel their agreement by providing the payee with a written notice 30 days in advance of the cancellation date. The payee must advise the program agency immediately if this authorization is cancelled. The financial institution cannot cancel this authorization by advice to the program agency.

Privacy Act Notice:

You previously provided your Taxpayer Identification Number (TIN), i.e. your social security number or your employer identification number, to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons, such as the State of Illinois Office of the Comptroller, who must file documents with the Internal Revenue Service to report income paid to you, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The Illinois Office of the Comptroller, as administrator of the direct deposit program, requests verification of your TIN on the Authorization for Deposit of Recurring Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Deposit of Recurring Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in the direct deposit program.



STATE OF ILLINOIS
COMPTROLLER

SUSANA A. MENDOZA

Payroll Voucher File

This document describes the file format to be used by State agencies transmitting payroll voucher information directly to the Comptroller. The agency return file uses same record formats.

I. FILE CHARACTERISTICS

The Payroll Voucher File records are 1170 bytes in length. Numeric fields are unpacked. Whenever possible, FTP or submit an 18-track standard label cartridge with a blocking factor of 10. The Payroll Voucher File consists of two types of records. These are:

A. *Detail Record*

Payment information for employees on the payroll.

B. *Trailer Records*

Accumulated deduction amounts for each specific deduction on the payroll.

II. FILE ORDER

The file order is paycode, voucher number, then account code.

III. NAME FIELD CONVENTIONS/EXAMPLES

The following standards will be used for providing name information. Letters (A-Z), numbers (0-9), spaces (), hyphens (-), periods (.), and apostrophes (') are allowed in name fields. Do not use any other character or symbol.

EXAMPLE 1	
FIRST NAME	GARY
MIDDLE NAME	ALLEN
LAST NAME	PERKINS
SUFFIX	JR

EXAMPLE 2	
FIRST NAME	SHAUN
MIDDLE NAME	
LAST NAME	ONEILL-SMITH
SUFFIX	III

IV. ADDRESS FIELD CONVENTIONS/EXAMPLES

The following standards will be used for providing address information. Agency Return file address information is obtained from the W-4 information on file in the IOC Payroll system.

EXAMPLE 1	
LOCATION ADDRESS	11TH FLOOR
DELIVERY ADDRESS	5160 YONGE ST
CITY	TORONTO
STATE	
ZIPCODE	
ZIPCODE EXTENSION	
FOREIGN STATE/ PROVINCE	ONTARIO
FOREIGN POSTAL CODE	M2N 6L9
COUNTRY CODE	CA

EXAMPLE 2	
LOCATION ADDRESS	
DELIVERY ADDRESS	123 N PARK AVE
CITY	NEW YORK
STATE	NY
ZIPCODE	10017
ZIPCODE EXTENSION	5518
FOREIGN STATE/ PROVINCE	
FOREIGN POSTAL CODE	
COUNTRY CODE	

V. FURTHER INFORMATION

A. **SAMS Manual**

Refer to SAMS Manual Section 23.20.40 (Payroll Input Document Procedures: Payroll Voucher) for specific details on payroll voucher field requirements.

The SAMS Manual can be downloaded online at the Illinois Office of the Comptroller's web site (www.illinoiscomptroller.gov) under the Agencies tab. Adobe Acrobat© is required to view the files.

B. **CMS Administered Programs**

Need correct CMS division/group/unit that provides or that can direct where to get such information.

C. *Payroll Deduction Code Information*

Contact your Payroll Officer.

VI. APPENDICES

A. Valid *State Code Values*

B. Valid *Retirement Pickup Code and Retirement Code Values*

C. Valid *Eligibility Code Values*

D. Valid *Trailer Name 2 Format*

E. Valid *Trailer Name 3 Format*

F. Hardcopy Payroll Voucher Example

G. Valid Employee Status Codes

H. Trailer Record Codes

I. Certification of Contractual Payroll Employee Payments

DETAIL RECORD

<u>DATA</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
<u>ELEMENT</u>	<u>FROM</u>	<u>THRU</u>			
Record Type	1	2	2	XX	Value Spaces
Filler	3	7	5	X(5)	Value Spaces
Paycode	8	12	5	9(5)	Unique identifier for payrolls assigned by Comptroller upon request
Account Code					Appropriation account code number from which expenditure is to be made
Filler	13	13	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Fund	14	16	3	9(3)	Fund number
Agency	17	19	3	9(3)	Agency number
Organization	20	21	2	99	Organization number
Filler	22	23	2	XX	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Object Code	24	27	4	9(4)	Major object code
Sequence	28	29	2	99	Sequence number
Account Type	30	31	2	99	Appropriation account type
Filler	32	32	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Detail Object	33	36	4	9(4)	Detail object code
Fiscal Year	37	38	2	99	Fiscal year to charge expenditure
Social Security Number	39	47	9	9(9)	Unique ID number assigned by the Social Security Administration
Payee Name First	48	62	15	X(15)	Payee's first name (See section III page 2)
Payee Name Middle	63	77	15	X(15)	Payee's middle name (See section III page 2)
Payee Name Last	78	97	20	X(20)	Payee's last name (See section III page 2)
Payee Name Suffix	98	101	4	X(4)	Payee's suffix (See III page 2)
Sex	102	102	1	X	Sex of payee

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
					<u>Valid Values</u> 'M'=Male 'F'=Female
Date of Birth	103	110	8	9(8)	Date of birth of payee (MMDDCCYY)
Employee Status Code	111	111	1	X	Code indicating a change in the status of the employee (See Appendix G)
Employee Status Date	112	119	8	9(8)	Date of change in employee status (MMDDCCYY)
Position Class	120	124	5	X(5)	Code denoting position or job title
Basis Time Work	125	125	1	X	Code indicating the type of time worked and the rate to calculate the salary on
Time Work	126	129	4	X(4)	Number of units of time payment is to be made for
Rate	130	136	7	9(5)V99	Amount of money to be paid for each unit of time
Base	137	143	7	9(5)V99	Amount to be paid for pay period covered, excluding overtime and lump sum vacation
Over Time	144	150	7	S9(5)V99	Amount of money above base pay due to employee for work performed in addition to normal working hours
Lump Sum Vacation	151	158	8	S9(6)V99	Paid when employee terminates and has vacation pay due
Gross	159	166	8	9(6)V99	Total amount earned before deductions
Additional Gross Code	167	167	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Additional Gross Amount	168	174	7	S9(5)V99	Value Zeroes; Other compensation subject to withholding that is included in <u>the Gross</u> ; <u>Comptroller authorization required prior to usage</u>
Additional Gross Code 2	175	175	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Additional Gross 2 Amount	176	182	7	S9(5)V99	Value Zeroes; Other compensation subject to withholding that is included in the Gross; <u>Comptroller authorization required prior to usage</u>
Filler	183	184	1	X	Value Spaces
Marital Status	185	185	1	9	Indicates if employee is using married tables or single tables for Federal tax withholding <u>Valid Values</u> '1'=Single tables '2'=Married tables
Federal Exemptions	186	187	2	XX	Allowable exclusions used in computing the amount of Federal tax withheld <u>Valid Values</u> '00' through '99' 'E'=Exempt (either byte)
Federal Tax	188	195	8	S9(6)V99	Amount withheld from gross towards federal income tax to be owed
State Code	196	197	2	99	State code; See Appendix A
State Exempt	198	199	2	XX	Allowable exclusions used in computing the amount of state tax withheld <u>Valid Values</u> '00' through '99' 'E'=Exempt (either byte)

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
State Exempt Line 2	200	201	2	XX	Allowable exclusions for blind and/or over 65 years of age <u>Valid Values</u> '01' through '99' '00' = not eligible Spaces = not eligible
State Tax	202	208	7	S9(5)V99	Amount withheld from gross for state income tax
FICA Code	209	209	1	X	Code to indicate if FICA is to be withheld <u>Valid Values</u> 'A'=Both OASDI & HI 'B'=Not subject to FICA 'C'=HI tax only 'F'=OASDI paid; paying HI
FICA Amount	210	215	6	S9(4)V99	Amount to be withheld for OASDI
Medicare	216	221	6	S9(4)V99	Amount to be withheld for Medicare
Earned Income Credit Code	222	222	1	X	Number of W-5 certificates in effect
Earned Income Credit Amount	223	227	5	S9(3)V99	Amount of advance earned income credit
Filler	228	240	13	X(13)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Union Status Code	241	241	1	X	<u>Valid Values</u> 1 – Union Deduct / Member 2 – Union Deduct / Non-Union Member 3 – Union Deduct / More than one union Space – No Union Deduction
Group Insurance Attributable Income	242	247	6	S9(4)V99	Cost of Group Term Insurance over \$50,000, incurred by employee subject to Federal and State taxes,

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Other Compensation Subject to Withholding	248	254	7	S9(5)V99	Retirement and FICA Compensation received subject to Federal and State taxes, Retirement and FICA withholding
Other Compensation	255	261	7	S9(5)V99	Notation only amount indicating employee is receiving other compensation or wages in addition to payments made through the Comptroller's office (Reportable as income on W-2; not subject to withholding)
CMS Transit	262	266	5	S9(3)V99	Pretax deduction for commuter highway vehicle transit pass (public or privately operated)
CMS Parking	267	271	5	S9(3)V99	Pretax deduction for parking administered by CMS
Flexible Spending DCAP	272	278	7	S9(5)V99	Pre-tax deduction for the Dependent Care Assistance Program
Flexible Spending MCAP	279	285	7	S9(5)V99	Pre-tax deduction for the Medical Care Assistance Program
Deferred Compensation	286	292	7	S9(5)V99	Pre-tax deduction for the Deferred Compensation Program
Long Term Care Insurance Carrier Code	293	294	2	XX	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Long Term Care Insurance Amount	295	301	7	S9(5)V99	Value Zeroes; <u>Comptroller authorization required prior to usage</u>
Filler	302	313	12	X(12)	Value Spaces
YTD FICA	314	321	8	S9(6)V99	Value Zeroes; Return file will

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Gross					contain YTD FICA Gross for the year
YTD Medicare Gross	322	329	8	S9(6)V99	Value Zeroes; Return file will contain YTD Medicare Gross for the year
Retirement Tier 2 Voucher Gross	330	337	8	S9(6)V99	Value zeroes; Return file will contain the voucher gross for Tier 2 Retirement
Non Taxable Income	338	345	8	S9(6)V99	Portion of gross income not subject to state and federal withholding
Non Taxable Benefits	346	352	7	S9(5)V99	Portion of State Life, State Health, and State Dental deductions treated as tax exempt
Retirement Pickup Code	353	354	2	99	Code used to determine amount of retirement picked up by employer; See Appendix B
Retirement Pickup Amount	355	361	7	S9(5)V99	Amount of retirement picked up by the employer
Retirement Code	362	362	1	X	Code indicating Retirement System to be credited; See Appendix B
Retirement Amount	363	369	7	S9(5)V99	Amount deducted from gross to be forwarded to a Retirement fund
Maintenance	370	374	5	S9(3)V99	Enter the amount deducted from an employee's pay for maintenance; Maintenance will include meals, housing, etc...
SOS Parking	375	379	5	S9(3)V99	Amount deducted from gross pay for assigned SOS facility parking

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Filler	380	385	6	X(6)	Value Spaces
Levy	386	392	7	9(5)V99	Amount deducted from gross pay for assignment of a tax levy, bankruptcy, wage assessment, child support, child support fees, and voluntary payment of state-owed monies
Garnishment Code	393	395	3	X(3)	Code identifying which garnishment trailer coincides with amount deducted (agency assigned) <u>Valid Values</u> '001' through '099' Spaces = no garnishment
Garnishment Amount	396	402	7	9(5)V99	Amount withheld from gross pay because of a court order of garnishment
Filler	403	413	11	X(11)	Value Spaces
Eligibility Code	414	414	1	X	Eligibility code; See Appendix C
Units Life Insurance	415	418	4	9(4)	Number of basic units of life insurance paid for by the state
Work Rate Percentage	419	420	2	99	Percentage of time worked for part time employee who qualifies and elects to participate in the State Group Insurance Program
Insurance Pay Period	421	421	1	X	The number of full pay periods for which the state and employee are to be charged for pro rated life and health insurance
Insurance Reimbursement	422	428	7	S9(5)V99	The amount an agency owes for insurance if employees are not paid from the general revenue fund or the road fund
State Life	429	430	2	XX	Refer to CMS document <i>Life</i>

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Carrier Code					<i>Insurance Rate Tables</i>
State Life Plan Code	431	432	2	XX	Refer to CMS document <i>Life Insurance Rate Tables</i>
State Life Amount	433	439	7	S9(5)V99	Amount deducted from gross pay for employee's portion of State Life insurance premium; Refer to CMS document <i>Life Insurance Rate Tables</i>
State Health Carrier Code	440	441	2	XX	Refer to CMS document <i>Health Insurance Rate Tables</i>
State Health Plan Code	442	443	2	XX	Refer to CMS document <i>Health Insurance Rate Tables</i>
State Health Amount	444	450	7	S9(5)V99	Amount deducted from gross pay for employee's portion of the State Health Insurance premium; Refer to CMS document <i>Health Insurance Rate Tables</i>
Dental Carrier Code	451	452	2	XX	Refer to CMS document <i>Dental Insurance Rate Tables</i>
Dental Plan Code	453	454	2	XX	Refer to CMS document <i>Dental Insurance Rate Tables</i>
Dental Amount	455	461	7	S9(5)V99	Amount deducted from gross pay for employee's State dental insurance; Refer to CMS document <i>Dental Insurance Rate Tables</i>
Miscellaneous Deduction Codes (1-20)					Refer to <i>Payroll Deduction Code Book</i>
Misc. Ded. 1 Type Code	462	462	1	X	Code used to identify the type of deduction being made
Misc. Ded. 1 Company Code	463	465	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 1 Amount	466	472	7	S9(5)V99	Amount being withheld from the gross for the associated

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Misc. Ded. 2 Type Code	473	473	1	X	code Code used to identify the type of deduction being made
Misc. Ded. 2 Company Code	474	476	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 2 Amount	477	483	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 3 Type Code	484	484	1	X	Code used to identify the type of deduction being made
Misc. Ded. 3 Company Code	485	487	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 3 Amount	488	494	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 4 Type Code	495	495	1	X	Code used to identify the type of deduction being made
Misc. Ded. 4 Company Code	496	498	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 4 Amount	499	505	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 5 Type Code	506	506	1	X	Code used to identify the type of deduction being made
Misc. Ded. 5 Company Code	507	509	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 5 Amount	510	516	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 6	517	517	1	X	Code used to identify the type

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Type Code					of deduction being made
Misc. Ded. 6 Company Code	518	520	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 6 Amount	521	527	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 7 Type Code	528	528	1	X	Code used to identify the type of deduction being made
Misc. Ded. 7 Company Code	529	531	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 7 Amount	532	538	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 8 Type Code	539	539	1	X	Code used to identify the type of deduction being made
Misc. Ded. 8 Company Code	540	542	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 8 Amount	543	549	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 9 Type Code	550	550	1	X	Code used to identify the type of deduction being made
Misc. Ded. 9 Company Code	551	553	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 9 Amount	554	560	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 10 Type Code	561	561	1	X	Code used to identify the type of deduction being made
Misc. Ded. 10	562	564	3	X(3)	Code used to identify the

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Company Code					company/organization for whom the deduction is being made
Misc. Ded. 10 Amount	565	571	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 11 Type Code	572	572	1	X	Code used to identify the type of deduction being made
Misc. Ded. 11 Company Code	573	575	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 11 Amount	576	582	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 12 Type Code	583	583	1	X	Code used to identify the type of deduction being made
Misc. Ded. 12 Company Code	584	586	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 12 Amount	587	593	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 13 Type Code	594	594	1	X	Code used to identify the type of deduction being made
Misc. Ded. 13 Company Code	595	597	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 13 Amount	598	604	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 14 Type Code	605	605	1	X	Code used to identify the type of deduction being made
Misc. Ded. 14 Company Code	606	608	3	X(3)	Code used to identify the company/organization for whom the deduction is being

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Misc. Ded. 14 Amount	609	615	7	S9(5)V99	made Amount being withheld from the gross for the associated code
Misc. Ded. 15 Type Code	616	616	1	X	Code used to identify the type of deduction being made
Misc. Ded. 15 Company Code	617	619	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 15 Amount	620	626	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 16 Type Code	627	627	1	X	Code used to identify the type of deduction being made
Misc. Ded. 16 Company Code	628	630	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 16 Amount	631	637	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 17 Type Code	638	638	1	X	Code used to identify the type of deduction being made
Misc. Ded. 17 Company Code	639	641	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 17 Amount	642	648	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 18 Type Code	649	649	1	X	Code used to identify the type of deduction being made
Misc. Ded. 18 Company Code	650	652	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 18 Amount	653	659	7	S9(5)V99	Amount being withheld from

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Amount					the gross for the associated code
Misc. Ded. 19 Type Code	660	660	1	X	Code used to identify the type of deduction being made
Misc. Ded. 19 Company Code	661	663	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 19 Amount	664	670	7	S9(5)V99	Amount being withheld from the gross for the associated code
Misc. Ded. 20 Type Code	671	671	1	X	Code used to identify the type of deduction being made
Misc. Ded. 20 Company Code	672	674	3	X(3)	Code used to identify the company/organization for whom the deduction is being made
Misc. Ded. 20 Amount	675	681	7	S9(5)V99	Amount being withheld from the gross for the associated code
Filler	682	695	14	X(14)	Value Spaces
Warrant Fee Indicator	696	696	1	X	Value Spaces; Return file will contain fee indicator, if applicable
Direct Deposit Transaction Code	697	698	2	99	Identification code for various types of direct deposit transactions <u>Valid Values</u> '00'=hardcopy '22'=checking '32'=savings
Direct Deposit Institution Code	699	706	8	9(8)	Receiving institution transit routing number for payees via direct deposit
Direct Deposit Account	707	723	17	X(17)	The account number at the receiving financial institution for payee via direct deposit

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Code Filler	724	728	5	X(5)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Location Address	729	750	22	X(22)	Value Spaces; Return file will contain employee's W-4 location address, if applicable (See III page 2)
Delivery Address	751	772	22	X(22)	Value Spaces; Return file will contain employee's W-4 delivery address (See III page 2)
City	773	794	22	X(22)	Value Spaces; Return file will contain employee's W-4 city (See III page 2)
State	795	796	2	XX	Value Spaces; Return file will contain employee's W-4 state; will be blank for foreign address (See III page 2)
Zipcode	797	801	5	X(5)	Value Spaces; Return file will contain employee's W-4 zip code; will be blank for foreign address (See III page 2)
Zipcode Extension	802	805	4	X(4)	Value Spaces; Return file will contain employee's W-4 four-digit extension of the zip code, if applicable (See III page 2)
Foreign State/Province	806	828	23	X(23)	Value Spaces; Return file will contain employee's W-4 foreign state/province, if applicable (See III page 2)
Foreign Postal Code	829	843	15	X(15)	Value Spaces; Return file will contain employee's W-4 foreign postal code, if applicable (See III page 2)
Country Code	844	845	2	X(2)	Value Spaces; Return file will contain employee's W-4 country code, if applicable

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
					(See Ill page 2)
Filler	846	853	8	X(8)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Voucher Number	854	861	8	X(8)	Identification number assigned to a voucher by the requesting agency NOTE: Voucher numbers must be unique by agency by fiscal year
Filler	862	869	8	X(8)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Input Code	870	870	1	X	Value Spaces; Return file will contain 'T'
Pay Period Beginning Date	871	878	8	X(8)	Value Spaces; Return file will contain the date of the first day of the period of time covered for the payment to be made (MMDDCCYY)
Pay Period End Date	879	886	8	X(8)	Value Spaces; Return file will contain the date of the last day of the period of time covered for the payment to be made (MMDDCCYY)
Pay Period	887	888	2	XX	Value Spaces; Return file will contain a two digit code indicating which pay period of the year the payment is for
Type Help	889	889	1	X	Value Spaces; Return file will contain a code indicating the type of Salary being processed
Frequency of Pay	890	890	1	X	Value Spaces; Return file will contain a code indicating if payroll is monthly, semi-monthly, or bi-weekly.
Distribution Code	891	894	4	X(4)	Assigned by the agency to determine to sorting of pay

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
					warrants; warrants will be written alphabetically within distribution code within voucher; the code will be printed on the face of the warrant
IB Unit Code	895	898	4	X(4)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
GAAP Code	899	902	4	X(4)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Message 1	903	962	60	X(60)	Literal information provided by an agency to be printed on the stub of an employees warrant/earnings statement
Message 2	963	1022	60	X(60)	Literal information provided by an agency to be printed on the stub of an employees warrant/earnings statement; there should be a grammatical break between Message 1 and Message 2 (will print on separate lines)
Net Amount	1023	1030	8	9(6)V99	Amount of the warrant/payment
Warrant Number	1031	1039	9	X(9)	Value Spaces; Return file will contain a warrant number
Direct Deposit Trace Number	1040	1046	7	X(7)	Value Spaces; Return file will contain a trace number NOTE: Combination of <i>Warrant Number</i> and <i>Trace No.</i> will be unique
Issue Date	1047	1054	8	X(8)	Value Spaces; Return file will contain the date the warrant was issued (MMDDCCYY)
Salary Reversal Code	1055	1057	3	X(3)	Code identifying which reversal trailer coincides with amount deducted

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Salary Reversal Amount	1058	1065	8	S9(6)V99	<u>Valid Values</u> '001' through '150' Spaces = no salary reversal Total amount of deductions being reversed from voucher
Salary Reversal Original Gross	1066	1073	8	S9(6)V99	For total reversal, use original gross amount; for partial, indicate amount of the gross being reversed
Salary Reversal Orig. Date	1074	1081	8	9(8)	Pay period end date of original payment that is being reversed (MMDDCCYY)
Salary Reversal Original Warrant	1082	1090	9	X(9)	Warrant number from the original payment which is now having the deductions reversed
Direct Deposit Original Trace Number	1091	1097	7	9(7)	Trace number from the original payment which is now having the deductions reversed
Filler	1098	1098	1	X	Value Spaces
Retirement Tier 2 Switch	1099	1099	1	X	When max is reached will be set to "Y"
YTD Retirement Tier 2 Gross	1100	1107	8	S9(6)V99	Value Zeroes; Return file will contain Tier 2 Retirement Gross for the year
YTD Gross	1108	1115	8	S9(6)V99	Value Zeroes; Return file will contain gross paid for the year
YTD Federal Tax	1116	1123	8	S9(6)V99	Value Zeroes; Return file will contain YTD amount for Federal Tax
YTD FICA	1124	1129	6	S9(4)V99	Value Zeroes; Return file will contain YTD amount for FICA
YTD Medicare	1130	1135	6	S9(4)V99	Value Zeroes; Return file will contain YTD amount for

DETAIL RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
YTD State Tax	1136	1142	7	S9(5)V99	Medicare Value Zeroes; Return file will contain YTD amount for State Tax
YTD Non Taxable Income	1143	1149	7	S9(5)V99	Value Zeroes; Return file will contain YTD amount for Non Taxable Income, Benefits, and Pre-tax Deductions
YTD Other Compensation	1150	1156	7	S9(5)V99	Value Zeroes; Return file will contain YTD amount for Other Compensation, Group Insurance Attributable Income, and Other Compensation Subject to Withholding
YTD Earned Income Credit	1157	1162	6	S9(4)V99	Value Zeroes; Return file will contain YTD amount of Earned Income Credit
Filler	1163	1170	8	X(8)	Value Spaces; <u>Comptroller authorization required prior to usage</u>

TRAILER RECORD

<u>DATA ELEMENT</u>	<u>BYTES FROM</u>	<u>THRU</u>	<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
Record Type	1	1	1	X	Value hyphen ('-')
Filler	2	2	1	X	Value Spaces
Trailer Code					Unique identifier for trailers assigned by Comptroller upon request
Comptroller's Code	3	4	2	99	Comptroller's Code (See Appendix H)
Actual Code	5	7	3	3(X)	Actual Code (See Appendix H)
Paycode	8	12	5	9(5)	Unique identifier for payrolls assigned by Comptroller upon request
Account Code					Appropriation account code number from which expenditure is to be made
Filler	13	13	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Fund	14	16	3	9(3)	Fund number
Agency	17	19	3	9(3)	Agency number
Organization	20	21	2	99	Organization number
Filler	22	23	2	XX	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Object Code	24	27	4	9(4)	Major object code
Sequence	28	29	2	99	Sequence number
Account Type	30	31	2	99	Appropriation account type
Filler	32	32	1	X	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Detail Object	33	36	4	9(4)	Detail object code
Fiscal Year	37	38	2	99	Fiscal year to charge expenditure
Social Security Number	39	47	9	9(9)	Value Zeroes or use SSN of employee (if required) due to levies,

TRAILER RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Trailer Name 1	48	85	38	X(38)	garnishments, and/or reversals Name of company/ organization
Trailer Name 2	86	123	38	X(38)	Line 2 of the Trailer Name; See Appendix D
Trailer Name 3	124	161	38	X(38)	Line 3 of the Trailer Name; See Appendix E
Filler	162	392	231	X(231)	Value Spaces
Garnishment Order Number	393	402	10	X(10)	Value Spaces or court assigned summons number (if garnishment present).
Filler	403	853	451	X(451)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Voucher Number	854	861	8	X(8)	Identification number assigned to a voucher by the requesting agency
Filler	862	869	8	X(8)	Value Spaces
Input Code	870	870	1	X	Value Spaces; Return File will contain 'T'
Pay Period Begin Date	871	878	8	X(8)	Value Spaces; Return file will contain the date of the first day of the period of time covered for the payment to be made (MMDDCCYY)
Pay Period End Date	879	886	8	X(8)	Value Spaces; Return file will contain the date of the last day of the period of time covered for the payment to be made (MMDDCCYY)
Pay Period	887	888	2	XX	Value Spaces; Return file will contain a two digit code indicating which pay period of the year the payment is for

TRAILER RECORD

<u>DATA ELEMENT</u>	<u>BYTES</u>		<u>LENGTH</u>	<u>PICTURE</u>	<u>COMMENTS</u>
	<u>FROM</u>	<u>THRU</u>			
Type Help	889	889	1	X	Value Spaces; Return file will contain a code indicating the type of Salary being processed
Frequency of Pay	890	890	1	X	Value Spaces; Return file will contain a code indicating if payroll is monthly, semi-monthly, or bi-weekly
Distribution Code	891	894	4	X(4)	Value Spaces; Return file contains Comptroller assigned distribution code
Filler	895	1020	126	X(126)	Value Spaces; <u>Comptroller authorization required prior to usage</u>
Trailer Net	1021	1030	10	9(8)V99	Amount of warrant/payment
Warrant Number	1031	1039	9	X(9)	Value Spaces; Return file will contain a warrant number
Deposit Trace Number	1040	1046	7	X(7)	Value Spaces; Return file will contain a trace number <u>NOTE:</u> Combination of <i>Warrant Number</i> and <i>Trace No.</i> will be unique
Issue Date	1047	1054	8	X(8)	Value Spaces; Return file will contain the date the warrant was issued (MMDDCCYY)
Filler	1055	1170	116	X(116)	Value Spaces; <u>Comptroller authorization required prior to usage</u>



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

STATE CODE Valid Values

CODE	STATE
01	Illinois
04	Kentucky
05	Michigan
06	Wisconsin
07	Iowa

NOTE: To determine if a state is a reciprocal and/or withholding state or for other valid state codes, contact the Illinois Office of the Comptroller Payroll Unit.



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

RETIREMENT PICKUP CODE Valid Values

CODE	PERCENT/DESCRIPTION
00	None [0%]
01	4%
02	5.5%
03	8%
04	4.5%
05	3.52%
06	1.0%
07	9.0%
08	2.0%
09	2.75%
10	3.0%
11	4.12%
12	2.50%
13	1.50%

RETIREMENT CODE Valid Values

CODE	PERCENT/DESCRIPTION
0	8%
1	4%
2	12.5%
4	INELIGIBLE
6	GENERAL ASSEMBLY
7	TEACHERS
8	JUDGES
9	UNIVERSITY
M	8.5%
R	12.5%
S	8.5%
W	NON-PERMANENT RETIREE OR LUMP SUM PAYMENT

**TIER 2
RETIREMENT CODE
Valid Values**

CODE	PERCENT/DESCRIPTION
A	8%
B	4%
C	12.5%
4	INELIGIBLE
G	GENERAL ASSEMBLY 11.5%
H	GENERAL ASSEMBLY 9.5%
T	TEACHERS
J	JUDGES 11.0%
L	JUDGES 8.5%
V	UNIVERSITY
K	12.5%
D	8.5%
W	NON-PERMANENT RETIREE/LUMP SUM PAYMENT

For further information, contact the SERS Accounting Division



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

ELIGIBILITY CODE Valid Values

CODE	DESCRIPTION
A	Active Employment
C	No Insurance
D	Immediate Annuity
E	Deferred Annuity
F	Retiree
G	Survivor
H	Survivor of Deferred Annuity
I	Non-certified Survivor
J	Survivor of Retiree
K	Disabled Recipient
L	Survivor of Employee Immediate/Annuity
M	Active Part Time Employee
P	Part Time – Health/Dental
Q	Survivor Employee/Immediate Annuity
U	Life Part Time
Z	Health/Dental
8	Active Life
@	Part Time – Health/Dental

AS ESTABLISHED BY CMS GROUP INSURANCE DIVISION



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

TRAILER NAME 2 Valid Format

Trailers with COMPTROLLER'S CODE of 12 or 14

CODE	PIC	COMMENTS
FIPS CODE		
<i>State Code</i>	XX	State Code
<i>County Code</i>	X(3)	County Code
Filler	X	Value Spaces
Case ID	X(20)	Docket Number from Court Order
Filler	X(12)	Value Spaces



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

TRAILER NAME 3 Valid Format

Trailers with COMPTROLLER'S CODE of 12 or 14

CODE	PIC	COMMENTS
SSN	9(9)	Absent Parent SSN
Filler	X	Value Spaces
Medical Indicator	X	Medical Insurance available Valid Values 'Y'=Yes 'N'=No
Filler	X	Value Spaces
Absent Parent Name	X(10)	First seven letters of the non-custodial parent's last name followed by the first three letters of the non-custodial parent's first name. A <u>comma must be used</u> to separate the last name from the first name <u>when the last name is less than seven characters</u>
Filler	X(16)	Value Spaces

**STATE OF ILLINOIS
PAYROLL VOUCHER DISTRIBUTION**

SCHEDULE

DEPARTMENT			FOR PERIOD OF						
PAYROLL NUMBER FUND DEPT CODE	DIVISION AND TITLE OF APPROPRIATION	VOUCHER NUMBER	FUND	ORG.	APPROPRIATION CODE			EXP OBJ	AMOUNT
					OBJECT	SEQ	ACCT		
001 87 001	GENERAL REVENUE FUND	ABC12345	001	87700	1900	00	00	1120	1500.00
	EMPLOYER CONTRIBUTIONS	ABC12345	001	87700	1900	00	00	1161	500.00
	SOCIAL SECURITY	ABC12345	001	87700	1900	00	00	1170	100.00

FOR COMPTROLLER'S USE ONLY

TYPE HELP _____ TYPE PAY _____ PAY PERIOD _____

STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE _____

NAME	POS CLS	SOC SEC	GROSS	FED TAX	FICA	MEDICARE	ST. TAX	NET
LAST, FIRST,MIDDLE SUFFIX (all that fits)	XXXXX	999-99-9999	123456.99	123456.00-	1234.99-	123456.99-	12345.99-	123456.78
DOE JOHN	12345	123-45-6789	10.99	2.00	.99	.50	1.00	4.85
MOUSE MICKEY	CHEEZ	190-50-2000	1112.00	35.42	.00	.00	2.33	9023.45
RACHMANINOFF SERGEI VASILIEVIC	23456	222-22-2222	5000.99	500.00	250.75	150.00	250.00	3000.00
TAFT WILLIAM HOWARD	PREST	185-71-9301	27.00	5.00-	5.00-	3.00-	2.00-	35.00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999-99-9999	999999.99	999999.99-	9999.99-	999999.99-	99999.99-	999999.99

STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE _____

TRL CODE	TRAILER NAME 1	TRAILER NAME 2	TRAILER NAME 3	TRAILER AMT
12-SDU	STATE DISBURSEMENT UNIT	17001 CASE ID	123456789 Y PARENT,A	100.00
14-SDU	SUPPORT WITHHOLDING FEE	17001 CASE ID	123456789 Y PARENT,A	2.50
30-0C7	GROUP INS PREMIUM FUND			500.00
30-0G6	UNITED OF OMAHA LIFE	INSURANCE COMPANY		100.00
82-082	STATE EMPLOYEES RETIREMENT SYSTEM	SYSTEM		50.00
83-083	STATE EMPLOYEES RETIREMENT SYSTEM	STATE CONTRIBUTION		500.00
89-001	STATE EMPLOYEES RETIREMENT SYSTEM	EMPLOYER PICKED UP RETIREMENT		40.00

STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE					
BASE	99999999.99	NON TAXABLE INCOME	9999999.99-	MISC DEDUCTION 1	9999999.99-
OVERTIME	9999999.99-	NON TAXABLE BENEFITS	9999999.99-	MISC DEDUCTION 2	9999999.99-
LUMP SUM	999999999.99-	RETIREMENT PICKUP	9999999.99-	MISC DEDUCTION 3	9999999.99-
ADDITIONAL GROSS	9999999.99-	RETIREMENT	9999999.99-	MISC DEDUCTION 4	9999999.99-
GROSS	9999999.99-	MAINTENANCE	9999999.99-	MISC DEDUCTION 5	9999999.99-
FEDERAL TAX	9999999.99-	SOS PARKING	9999999.99-	MISC DEDUCTION 6	9999999.99-
STATE TAX	9999999.99-			MISC DEDUCTION 7	9999999.99-
FICA	9999999.99-	TAX LEVY	9999999.99-	MISC DEDUCTION 8	9999999.99-
MEDICARE	9999999.99	GARNISHMENT	9999999.99-	MISC DEDUCTION 9	9999999.99-
EIC	9999999.99	INSURANCE REIMBURSE	9999999.99-	MISC DEDUCTION 10	9999999.99-
GROUP INS ATTRIB INC	9999999.99-	STATE LIFE	9999999.99-	MISC DEDUCTION 11	9999999.99-
OTHER CMP SUBJ WITH	9999999.99-	STATE HEALTH	9999999.99-	MISC DEDUCTION 12	9999999.99-
OTHER COMP	9999999.99-	DENTAL	9999999.99-	MISC DEDUCTION 13	9999999.99-
TRANSIT	9999999.99-	SALARY REVERSAL AMT	9999999.99-	MISC DEDUCTION 14	9999999.99-
CMS PARKING	9999999.99-			MISC DEDUCTION 15	9999999.99-
FLEX SPEND DCAP	9999999.99-			MISC DEDUCTION 16	9999999.99-
FLEX SPEND MCAP	9999999.99			MISC DEDUCTION 17	9999999.99-
DEFERRED COMP	9999999.99-			MISC DEDUCTION 18	9999999.99-
NET AMOUNT	9999999.99-			MISC DEDUCTION 19	9999999.99-
				MISC DEDUCTION 20	9999999.99-
	DIRECT DEPOSIT:	EMPLOYEE COUNT	99,999	AMOUNT	9999999.99
PAYCODE 99-999	VOUCHER XXXXXXXX	PAY PERIOD	FROM 99/99/9999	TO 99/99/9999	PAGE 999

STATE OF ILLINOIS – PAYROLL VOUCHER

PAYROLL TITLE _____

APPROVED FOR PAYMENT

NAME _____

BY _____
HEAD OF UNIT OR AUTHORIZED AGENT

CERTIFICATION

I certify that the employees named, their respective indicated positions and service times, and appropriation to be charged, as shown on the accompanying payroll voucher and corresponding electronic record are true, complete, correct and according to the provisions of law; that such employees are involved in decision making or have direct line responsibility to a person who has decision making authority concerning the objectives, functions, goals and policies of the organizational unit for which the appropriation was made; that the results of the work performed by these employees and that substantially all of their working time is directly related to the objectives, functions, goals, and policies of the organizational unit for which the appropriation is made; that all working time was expended in the service of the State, and that the employees named are entitled to payment in the amounts indicated. If applicable, the reporting requirements of Section 5.1 of the Governor’s Office of Management and Budget Act have been met.

(Date)

Agency Head (Signature)

CERTIFICATE OF DIRECTOR OF PERSONNEL

Pursuant of Section 12a of the Personnel Code, I hereby certify that there has been no determination that any person named in this payroll voucher containing _____name(s) has not been appointed, employed or compensated in accordance with the provisions of the Personnel Code and rules, regulations and orders thereunder except those crossed out and those who are exempt as indicated by position class number assigned to such exempt positions.

DIRECTOR OF CENTRAL MANAGEMENT SERVICES

By _____



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

EMPLOYEE STATUS CODES

Valid Codes

CODE	DESCRIPTION
1	Termination
2	(Not to be used)
3	Return from Leave of Absence
4	New
5	Transferred Intra-Agency (use of code optional)
6	Reinstated
7	Lay-Off (other than seasonal)
8	Overtime and Other Pay when no Regular Time Worked
9	Reinstated for Pay for Period not Worked
A	Name Changes
B	Suspended (equal to or less than 30 days)
C	Return from Suspension
D	Add and Separate Same Pay Period
E	Retirement
F	Death
G	Suspension
H	Transferred Inter-Agency
L	Lump Sum Payments not Subject to Retirement
M	Medical Leave of Absence
N	Maternity Leave of Absence
P	Educational Leave of Absence
R	Military Leave of Absence (greater than 30 days)
S	Personal Leave of Absence (general, authorized or unauthorized without pay)
T	Seasonal Lay-Off



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

TRAILER RECORD CODES

PAYEE NAME		COMPTROLLER CODE	ACTUAL CODE
1.	Fund XXX (XXXXX-XXXX-XXXX) % Name of Agency Social Security Number	01	001 thru 150
2.	Reserved for Certain Lottery C-02 Vouchers	02	001
3.	Reserved for Certain Lottery C-02 Vouchers	03	001
4.	Money Owed a State Agency	10	001 thru 200
5.	Child Support	12	SDU, CPT, CP1 thru CP5
6.	Unemployment Compensation	13	001 thru 200
7.	Child Support Processing Fee	14	001 thru 200
8.	Teachers' Retirement System	15	015
9.	Hard Copy Fee	17	001
10.	Union Name	20	001, 002, 003, etc.*
11.	College Savings Program Name	25	001, 002, 003, etc.*
12.	Insurance Name	30	001, 002, 003, etc.*
13.	Deferred Compensation Plan Fund	35	035
14.	Roth 457	35	045
15.	Flexible Spending Account – Fund 202	37	037
16.	Savings Bond Fund (Deleted 9-01-10)	40	040
17.	Secretary of State Parking Fees	45	045
18.	CMS Transit	45	035
19.	CMS Parking	45	040
20.	United Way Sangamon	50	050
21.	United Way (Other than Sangamon)	51	501 thru 799*
22.	Charity (Other than United Way)	51	800, 900 thru 999*
23.	Illinois Gives	52	001 thru 013**
24.	Association Dues Name	60	001, 002, 003, etc.*
25.	Credit Union Name	70	001, 002, 003, etc.*
26.	Working Cash Fund – University Name	71	051 thru 075*
27.	University Foundation – University Name	72	076 thru 099*
28.	University Miscellaneous Deductions – University Name	73	001 thru 025*
29.	Tax Sheltered Annuities	74	001, 002, 003, etc.*
30.	401K Plan (Universities Only)	76	001, 002, 003, etc.*
31.	University Retirement System	75	075
32.	Judges' Retirement System	80	080
33.	General Assembly Retirement System	81	081
34.	State Employees' Retirement System Employee Contribution to Retirement	82	082

	PAYEE NAME	COMPTROLLER CODE	ACTUAL CODE
35.	State Employees' Retirement System State Contribution to Retirement	83	083
36.	Teachers' Retirement System State Contribution	84	084
37.	Clerk of the Supreme Court State Contribution	85	085
38.	Social Security Administration Fund State Contribution – FICA/MEDICARE	86	086
39.	Insurance Reimbursement	88	088
40.	Federal Retirement System	87	087
41.	State Employees' Retirement System Employer Pickup of Employee Retirement Contributions	89	001
42.	General Assembly Retirement System Employer Pickup of Employee Retirement Contributions	89	006
43.	Teachers' Retirement System Employer Pickup of Employee Retirement Contributions	89	007
44.	Judges' Retirement System Employer Pickup of Employee Retirement Contributions	89	008
45.	State Universities' Retirement System Employer Pickup of Employee Retirement Contributions	89	009
46.	Social Security Administration Fund Employee Contribution – FICA/MEDICARE	90	090
47.	State of Illinois – Withholding	94	001*
48.	State of Illinois – Withholding – DHS (PA) Household	94	002*
49.	State of Kentucky – Withholding Tax (Reciprocal)	94	004*
50.	State of Michigan – Withholding Tax (Reciprocal)	94	005*
51.	State of Wisconsin – Withholding Tax (Reciprocal)	94	006*
52.	State of Iowa – Withholding Tax (Reciprocal)	94	007*
53.	***Treasurer, State of Illinois	95	095
54.	IW Offset	96	096**
55.	Garnishment	97	001 thru 200
56.	Tax Levy	98	001 thru 200
57.	Bankruptcy	99	001 thru 200

* Use Comptroller assigned code to identify the specific organization

** Can only be used by IOC



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

This certification is made in regard to the attached Contractual Payroll Employee Voucher cited below:

Agency _____

Voucher Number _____

Voucher Amount _____

Pay Period _____ to _____

Pay Code _____

Certification of Contractual Payroll Employee Payments

I certify that the goods or services specified on the attached voucher *and corresponding electronic records* 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".

(Date)

Agency Head (Signature)



Salary Refund Report to the Comptroller

DISTRIBUTION
1. White-Returned to Comptroller
2. Blue-Treasurer-Banking Division
3. Buff-Treasurer-Warrant Division
4. Pink-Returned to Agency
5. Canary-Retained by Comptroller
6. Green-Retained by Comptroller
7. Goldenrod-Retained by Agency

Agency: _____ (A)

Address: _____

Transmittal No.	_____ (B)
Transmittal Date	_____
DEPOSIT INSTRUMENT IDENTIFICATION	
TYPE	NUMBER
_____	_____
(C)	(D)
_____	_____

_____	_____	_____	_____
1. Social Security No.	2. Pay Code	3. Name of Employee (Last, First, Middle)	4. Last Day Employed
_____	_____	_____	_____
5. Original Warrant No.	6. Trace Number	7. Issue Date	8. Voucher No.
_____	_____	_____	_____
_____	_____	_____	_____
10. Appropriation Account Code Paid From	11. Fiscal Year	12. Detail Object	13. Gross To Be Credited

14. Original Gross	\$ _____		
15. Net Amount To Be Credited	\$ _____		
Deductions Refunded			OTHER
16. Federal Income Tax	\$ _____		26. Non-Taxable Benefits
17. FICA			\$ _____
A. OASDI	\$ _____	Code _____ 17a.	27. Other Compensation Subject
B. HI (Medicare)	\$ _____	Code _____ 17b.	to Withholding
		State _____	\$ _____
18. State Income Tax	\$ _____	Code _____ 18a.	28. Earned Income Credit
19. Retirement	\$ _____	Code _____ 19a.	\$ _____
20. Deferred Compensation	\$ _____		29. Maintenance
21. Tax Sheltered Annuity	\$ _____		\$ _____
22. Flexible Spending (MCAP)	\$ _____		30. Non-Taxable Income
23. Flexible Spending (DCAP)	\$ _____		\$ _____
24. _____	\$ _____		31. Other Compensation
25. All Other Deductions	\$ _____		\$ _____
			32. Group Insurance
			Attributed Income
			\$ _____
			33. Retirement Pickup
			\$ _____
			34. _____
			\$ _____
			35. _____
			\$ _____
			36. _____
			\$ _____
			37. Gross to be Credited
			\$ _____

Comments:

_____	_____	_____	_____
38. Authorized Signature	Title	Phone	Date
Agency must complete Order Number, Document Total and Fund Number.			

COMPTROLLER DEPOSIT ORDER
 TO THE TREASURER OF THE STATE OF ILLINOIS

Date _____ (E) Order No _____ (F)

Document Total: _____ (G)

Fund Number: _____ (H)

 COUNTERSIGNED - STATE TREASURER

 COMPTROLLER, STATE OF ILLINOIS



Salary Refund Report to the Comptroller

DISTRIBUTION
1. White-Returned to Comptroller
2. Blue-Treasurer-Banking Division
3. Buff-Treasurer-Warrant Division
4. Pink-Returned to Agency
5. Canary-Retained by Comptroller
6. Green-Retained by Comptroller
7. Goldenrod-Retained by Agency

Agency:	Office of the Comptroller
Address:	Administrative Services 325 West Adams Springfield, IL 62704-1871

Transmittal No.	SR30
Transmittal Date	7/6/XX
DEPOSIT INSTRUMENT IDENTIFICATION	
TYPE	NUMBER
2	SB8634051
2	SB8456353

XXX-XX-XXXX	04-003	Jones, James F.	6/15/XX
1. Social Security No.	2. Pay Code	3. Name of Employee (Last, First, Middle)	4. Last Day Employed
SB8456353	N/A	6/28/XX	1245
5. Original Warrant No.	6. Trace Number	7. Issue Date	8. Voucher No.
0001-XXXXXX-XXXX-XX-XX	05	1120	1,560.00
10. Appropriation Account Code Paid From	11. Fiscal Year	12. Detail Object	13. Gross To Be Credited

14. Original Gross	\$ 1,560.00
15. Net Amount To Be Credited	\$ 768.87

Deductions Refunded

16. Federal Income Tax	\$ 288.16
17. FICA	
A. OASDI	\$ 89.84
B. HI (Medicare)	\$ 21.01
18. State Income Tax	\$ 87.16
19. Retirement	\$ 63.73
20. Deferred Compensation	\$ 75.00
21. Tax Sheltered Annuity	\$
22. Flexible Spending (MCAP)	\$
23. Flexible Spending (DCAP)	\$
24.	\$
25. All Other Deductions	\$ 166.23

OTHER

26. Non-Taxable Benefits	\$ 44.15
27. Other Compensation Subject to Withholding	\$ 30.00
28. Earned Income Credit	\$
29. Maintenance	\$
30. Non-Taxable Income	\$
31. Other Compensation	\$
32. Group Insurance	\$
Attributed Income	\$ 3.14
33. Retirement Pickup	\$
34.	\$
35.	\$
36.	\$
37. Gross to be Credited	\$ 1,560.00

Comments:

38. Authorized Signature	Acct Mgr	XXX-XXXX	7/21/XX
	Title	Phone	Date

Agency must complete Order Number, Document Total and Fund Number.

COMPTROLLER DEPOSIT ORDER

TO THE TREASURER OF THE STATE OF ILLINOIS

Date _____ Order No. SXXXXX

Document Total: \$1,560.00

Fund Number: 0001

COUNTERSIGNED - STATE TREASURER

COMPTROLLER, STATE OF ILLINOIS



Salary Refund Report to the Comptroller

DISTRIBUTION
1. White-Returned to Comptroller
2. Blue-Treasurer-Banking Divison
3. Buff-Treasurer-Warrant Division
4. Pink-Returned to Agency
5. Canary-Retained by Comptroller
6. Green-Retained by Comptroller
7. Goldenrod-Retained by Agency

Agency: _____

Address: _____

Transmittal No. _____	
Transmittal Date _____	
DEPOSIT INSTRUMENT IDENTIFICATION	
TYPE	NUMBER

1. Social Security No. _____ 2. Pay Code _____ 3. Name of Employee (Last, First, Middle) _____ 4. Last Day Employed _____

5. Original Warrant No. _____ 6. Trace Number _____ 7. Issue Date _____ 8. Voucher No. _____ 9. Original Pay Period _____

10. Appropriation Account Code Paid From _____ 11. Fiscal Year _____ 12. Detail Object _____ 13. Gross To Be Credited _____

14. Original Gross \$ _____

15. Net Amount To Be Credited \$ _____

Deductions Refunded

16. Federal Income Tax \$ _____

17. FICA

A. OASDI \$ _____ Code _____ 17a.

B. HI (Medicare) \$ _____ Code _____ 17b.

State _____

18. State Income Tax \$ _____ Code _____ 18a.

19. Retirement \$ _____ Code _____ 19a.

20. Deferred Compensation \$ _____

21. Tax Sheltered Annuity \$ _____

22. Flexible Spending (MCAP) \$ _____

23. Flexible Spending (DCAP) \$ _____

24. _____ \$ _____

25. All Other Deductions \$ _____

OTHER

26. Non-Taxable Benefits \$ _____

27. Other Compensation Subject to Withholding \$ _____

28. Earned Income Credit \$ _____

29. Maintenance \$ _____

30. Non-Taxable Income \$ _____

31. Other Compensation \$ _____

32. Group Insurance

Attributed Income \$ _____

33. Retirement Pickup \$ _____

34. _____ \$ _____

35. _____ \$ _____

36. _____ \$ _____

37. Gross to be Credited \$ _____

Comments:

38. Authorized Signature _____ Title _____ Phone _____ Date _____

Agency must complete Order Number, Document Total and Fund Number.

COMPTROLLER DEPOSIT ORDER

TO THE TREASURER OF THE STATE OF ILLINOIS Date _____ Order No _____

Document Total: _____ Fund Number: _____

COUNTERSIGNED - STATE TREASURER

COMPTROLLER, STATE OF ILLINOIS



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Authorization To Pick Up Salary Warrants

Springfield 62706

1. Typed name of person authorized to pick up Salary Warrants at the Office of State Comptroller.	
2. Signature of person authorized to pick up Salary Warrants at the Office of State Comptroller.	
3. Agency name - typed.	5. Signature of agency head.
4. Typed name of agency head.	6. Date signed by agency head.

SUSANA A. MENDOZA
COMPTROLLER - STATE OF ILLINOIS

000004



SALARY EARNINGS STATEMENT
FOR PAY PERIOD ENDING 05-21-2017
SCHEDULED PAY DATE 06-02-2017

50-242
5803

BEACH SANDY
APT 12
123 OCEAN DRIVE
BREESE IL 62230

5603

WARRANT
SA9702498

YEAR TO DATE EARNINGS AND TAXES

GROSS EARNINGS	19291.32
FEDERAL TAX	873.14
F.I.C.A.	1476.85
STATE TAX	216.03
OTHER COMP.	13.84
NON-TAX INCOME	909.71
EARNED INC. CRED.	.00

YEAR TO DATE GROSS EARNINGS PLUS
OTHER COMPENSATION LESS NON-TAXABLE
INCOME EQUAL TAXABLE GROSS.

CURRENT PERIOD EARNINGS AND DEDUCTIONS

SOCIAL SECURITY NO.	BASE PAY	OVERTIME PAY	LUMP SUM	ADDITIONAL GROSS	GROSS EARNINGS
*****-8463	1947.71	288.09	.00	.00	2235.80
DEDUCTIONS:					
FEDERAL TAX	269.99	STATE TAX	73.81	FICA	171.17
RETIREMENT	89.50	OTHER INS	.46	UNION DUES	22.15
DEF. COMP.	12.50	CREDIT UNION	500.00		

VOID

NOTE:
*GROSS PAY INCREASED BY THIS AMOUNT
1ST 23.70 3RD 47.20
STR TIME 80.00 OT 7.00

TOTAL DEDUCTIONS	1139.58
EARNED INC. CRED.	.00
NET PAY	1096.22

SA9702498
REFER TO THIS NUMBER

DRAWN BY SUSANA A. MENDOZA
ON THE TREASURER OF THE STATE OF ILLINOIS
COMPTROLLER 70-2186
711

PAY THIS AMOUNT: One Thousand Ninety-Six*****22/100

*****1096.22

5603

VOID AFTER TWELVE MONTHS

DATE ISSUED: 06-02-2017
50 242 00398580 455 55701 1900 0055 17 11

TO THE ORDER OF:
BEACH SANDY
APT 12
123 OCEAN DRIVE
BREESE IL 62230

SA9702498

VOID

COUNTERSIGNED AND REGISTERED
Michael Frerichs
Michael Frerichs, Treasurer, State of Illinois

This document has a colored background
and contains an artificial watermark on
the reverse side.

GRANTED, DRAWN AND RECORDED
Susana A. Mendoza
Susana A. Mendoza, Comptroller, State of Illinois

SUSANA A. MENDOZA
COMPTROLLER - STATE OF ILLINOIS

SALARY EARNINGS STATEMENT
FOR PAY PERIOD ENDING **05/15/17**
SCHEDULED PAY DATE **06/02/17**

09 082

THIS IS NOT A DEPOSIT RECEIPT

WARRANT - TRACE NO.
SA9692718-0000094

DENT CRASH

**APT 107
123 DANGIT AVE
HITSVILLE IL 65555**

YEAR TO DATE EARNINGS AND TAXES

GROSS EARNINGS	5511.00
FEDERAL TAX	333.35
F.I.C.A.	421.56
STATE TAX	171.20
OTHER COMP.	.00
NON-TAX INCOME	220.44
EARNED INC. CRED.	.00

YEAR TO DATE GROSS EARNINGS PLUS OTHER COMPENSATION
LESS NON-TAXABLE INCOME EQUAL TAXABLE GROSS.

CURRENT PERIOD EARNINGS AND DEDUCTIONS

SOCIAL SECURITY NO.	BASE PAY	OVERTIME PAY	LUMP SUM	ADDITIONAL GROSS	GROSS EARNINGS
***-**-8170	605.00	.00	.00	.00	605.00

DEDUCTIONS:

FEDERAL TAX	31.60	STATE TAX	18.38	FICA	46.28
RETIREMENT	24.20				

VOID

NOTE:

*GROSS PAY INCREASED BY THIS AMOUNT

TOTAL DEDUCTIONS	120.46
EARNED INC. CRED.	.00
NET PAY	484.54

a Employee's social security number 222-22-2222		OMB No. 1545-0008	
b Employer's identification number (EIN) 37-600 2057		1 Wages, tips, other compensation 34055.38	2 Federal income tax withheld 3091.80
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 * SALARY * COMPTROLLER - WITHHOLDING AGENT 05-31-17 325 WEST ADAMS STREET 10-110 SPRINGFIELD, ILLINOIS 62704-1871		3 Social security wages 35588.85	4 Social security tax withheld 2206.50
		5 Medicare wages and tips 35588.85	6 Medicare tax withheld 515.97
		7 Social security tips	8 Allocated tips
d Control number 52450		9	10 Dependent care benefits .00
e Employee's first name and initial Last name Suff. SUNNY WEATHERY		11 Nonqualified plans .00	12a DD 20108.88
111 JULY ST AUGUST IL 60001		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b .00
		14 Other .00	12c .00
f Employee's address and ZIP code			12d .00
15 State Employer's state I.D. No. IL 1376002057	16 State wages, tips, etc. 34055.38	17 State income tax 1113.89	18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement 2016
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Department of the Treasury-Internal Revenue Service

a Employee's social security number 222-22-2222		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer's identification number (EIN) 37-600 2057		1 Wages, tips, other compensation 34055.38	2 Federal income tax withheld 3091.80		
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 * SALARY * COMPTROLLER - WITHHOLDING AGENT 05-31-17 325 WEST ADAMS STREET 10-110 SPRINGFIELD, ILLINOIS 62704-1871		3 Social security wages 35588.85	4 Social security tax withheld 2206.50		
		5 Medicare wages and tips 35588.85	6 Medicare tax withheld 515.97		
		7 Social security tips	8 Allocated tips		
d Control number 52450		9	10 Dependent care benefits .00		
e Employee's first name and initial Last name Suff. SUNNY WEATHERY		11 Nonqualified plans .00	12a See instructions for box 12 DD 20108.88		
111 JULY ST AUGUST IL 60001		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b .00		
		14 Other .00	12c .00		
f Employee's address and ZIP code			12d .00		
15 State Employer's state I.D. No. IL 1376002057	16 State wages, tips, etc. 34055.38	17 State income tax 1113.89	18 Local wages, tips, etc. 19 Local income tax 20 Locality name		

Form W-2 Wage and Tax Statement 2016
Copy C For EMPLOYEE'S RECORDS (See Enclosed Notice)

Department of the Treasury-Internal Revenue Service

a Employee's social security number 222-22-2222		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile.	
b Employer's identification number (EIN) 37-600 2057		1 Wages, tips, other compensation 34055.38	2 Federal income tax withheld 3091.80		
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 * SALARY * COMPTROLLER - WITHHOLDING AGENT 05-31-17 325 WEST ADAMS STREET 10-110 SPRINGFIELD, ILLINOIS 62704-1871		3 Social security wages 35588.85	4 Social security tax withheld 2206.50		
		5 Medicare wages and tips 35588.85	6 Medicare tax withheld 515.97		
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e Employee's first name and initial Last name Suff. SUNNY WEATHERY		11 Nonqualified plans .00	12a See instructions for box 12 DD 20108.88		
111 JULY ST AUGUST IL 60001		13 Statutory employee Retirement plan Third party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b .00		
		14 Other .00	12c .00		
f Employee's address and ZIP code			12d .00		
15 State Employer's state I.D. No. IL 1376002057	16 State wages, tips, etc. 34055.38	17 State income tax 1113.89	18 Local wages, tips, etc. 19 Local income tax 20 Locality name		

10-110
WEATHERLY SUNNY

052450

111 JULY ST
AUGUST IL 60001

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.10 1 of 4
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE January 1, 2017
PROCEDURE	ADDITIONAL PROCEDURES	REVISION NUMBER 17-002

ADDITIONAL PROCEDURES

DETERMINATION OF PAYROLLS AND PAY CODES

Each payroll must have a unique pay code. Agencies must request in writing the assignment of a pay code. The request must contain the title of the payroll, if it is code or non-code and the date on which it is to be paid. All changes to payroll titles must be approved by the Comptroller's Office.

A payroll is defined as a group of employees from an agency that are paid on the same pay schedule and appear on the same voucher. Since there can be multiple appropriations on a payroll voucher file, as long as each employee is charged to only one account, agencies have a great deal of flexibility in determining how many payrolls they should have. Payroll codes are assigned by the Comptroller's Office and must appear on each payroll voucher for employees that are assigned to that payroll. Pay codes consist of a two-digit agency identifier and a three-digit payroll identifier.

SUPPLEMENTARY PAYROLLS

The use of supplemental or "emergency" payrolls to pay employees omitted or processed incorrectly on the regular voucher should be minimized and will require the approval of the Comptroller's payroll section. Supplemental payrolls should be assigned the same pay code as normally used for that group of employees and must be marked "Supplemental."

INQUIRY PROCEDURE

The Comptroller's Office will maintain a master file on all employees paid from State funds and will endeavor to respond to all bonafide requests for information on a timely basis. This information may be requested by writing or calling the payroll section. Most questions can be answered immediately through the use of the Comptroller's teleprocessing inquiry system.

FISCAL YEAR CUT-OFFS

Payroll vouchers (or warrants) may not be split between fiscal years. Therefore, bi-weekly pay periods which overlap fiscal years are required to be paid out of the new fiscal year appropriation. Payments from the previous year appropriations can be made throughout the lapse period; although these payments must be for previous fiscal year earnings and must appear on a separate voucher.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.10 2 of 4
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE July 1, 2017
PROCEDURE	ADDITIONAL PROCEDURES	REVISION NUMBER 18-001

TRANSFERRED EMPLOYEES

Employees transferring from one agency to another agency necessitate the submission of new source documents. Employees transferring from one payroll to another payroll within an agency do not require new source documents. However, the payroll voucher should identify this change.

NEW EMPLOYEES

Source documents (W-4 cards, tax-sheltered annuity agreements and voluntary deduction authorization cards) must be submitted for all new employees prior to the first payroll upon which the employee appears. An employee status code of four (4), indicating that this is a new employee, and the effective date should be entered on the payroll voucher file.

TERMINATED EMPLOYEES

No source documents are required. Terminated employees will be identified by entering a one (1) in the employee status code field of the payroll voucher. After W-2's are printed, employees identified as terminated and employees with no activity in the previous calendar year will be removed from the Comptroller's Master Payroll File.

MULTIPLE WARRANT PROCEDURE

Employees paid simultaneously from multiple appropriations (accounting codes) will receive multiple payroll warrants in a pay period because one warrant cannot be charged to more than one account. The employee's warrant stub will reflect total earnings and taxes withheld. However, the Comptroller's system will only verify that the minimum taxes for the earnings reflected on a particular warrant have been withheld. It is the agency's responsibility to determine whether the sum of the Federal tax withholdings from each warrant meets minimum Federal requirements for the total earnings paid the employee.

DEDUCTION CORRECTION PROCEDURE

Erroneous deduction amounts can be corrected by debiting or crediting the employee's record on a subsequent voucher, as long as a sufficient balance remains in the deduction trailer record to offset negative entries (corrections for over-payments). This procedure should not be used to recover

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.10 3 of 4
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE July 1, 2017
PROCEDURE	ADDITIONAL PROCEDURES	REVISION NUMBER 18-001

retirement or credit union adjustments. Corrections resulting from voided warrants or warrants generated for the wrong amount should be corrected through the salary refund system.

AUTHORIZED DEDUCTION COMPANY APPROVAL

Approval to deduct earnings from an employee's gross pay for a new vendor (insurance company, credit union, etc.) must be obtained from the Comptroller's Office by written request from that vendor. Upon approval, the Comptroller's Office will assign a payee code (actual code), also known as a miscellaneous deduction code, to be used for further processing. Any new entities that receive a payroll or retirement voluntary deduction must sign up for direct deposit during the application process.

TRAILER RECORD PAYMENTS

The Comptroller's Office will make all payments for deductions withheld from employee earnings. In accordance with amended 15 ILCS 405/9.03, all State payments to an entity from a payroll or retirement voluntary deduction must be made through direct deposit. If an entity receives a payment from a payroll or retirement voluntary deduction without using direct deposit, the Comptroller may charge the entity a processing fee of \$2.50 per paper warrant.

The detail information, such as names, identifiers, and amounts, associated with a State payment to an entity from a payroll or retirement voluntary deduction must be retrieved by the entity from the Comptroller's website at <https://illinoiscomptroller.gov/vendors/enhancedvendor-remittance1/>. If the entity requires the Comptroller to mail the detail information, the Comptroller may charge the entity a processing fee up to \$25.00 per mailing.

RECIPROCAL TAXES

An employee who is a resident of Iowa, Kentucky, Michigan, or Wisconsin should not have Illinois income tax withheld from compensation even though that compensation may be paid in Illinois. Under reciprocal agreements negotiated between Illinois and those states, compensation paid to residents of those states is exempt from Illinois withholding. Such employees must file Form IL-W-5NR (a declaration of their residence in Iowa, Kentucky, Michigan, or Wisconsin) with the employing agency to be entitled to this exemption. See Procedure 23.20.10. Employees from reciprocal states who have filed Form IL-W-5NR should have their state withholding tax amount calculated using that state's tax formula or table. Employees from states other than the ones cited above or residents of reciprocal States who have not filed Form IL-W-5NR must have their withholding calculated using the State of Illinois formula.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	PAYROLL	PROCEDURE - PAGE NO. 23.50.10 4 of 4
SUB-SECTION	SUPPLEMENTAL PROCEDURES AND REFERENCES	EFFECTIVE DATE July 1, 2002
PROCEDURE	ADDITIONAL PROCEDURES	REVISION NUMBER 03-001

NONRESIDENT ALIENS

Salaries, wages, or any other compensation for the personal services of a nonresident alien employee performed in the United States are generally subject to withholding in the same manner as wages paid to a U.S. citizen; however, many tax treaties provide at least a partial exemption from tax for labor or personal services performed in the United States by a qualifying individual. The employee must provide the employer with a statement to claim a treaty exemption from withholding. Details of the statement content can be found in IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Corporations*.

Special instructions for completing Form W-4 must be given to nonresident aliens. See Procedure 23.20.05.

Compensation paid to a nonresident alien employee (other than a resident of Puerto Rico) for services performed outside the United States is not considered wages and not subject to withholding. If the personal services are performed partly in the United States and partly outside of the United States, an allocation of income for services performed in the United States must be made.

Payments subject to federal withholding are considered compensation paid in Illinois and subject to Illinois withholding.

SOCIAL SECURITY NUMBER CORRECTIONS

When the Social Security Number on file in the Comptroller's Office is incorrect (and the employee has been paid under the incorrect number), the agency must submit a letter to the Comptroller's Office stating the incorrect Social Security Number, the correct Social Security Number, the employee's name and the pay code for the employee.



RECEIPTS DEPOSIT TRANSMITTAL

Submit COPIES 1 thru 5 to the Comptroller

AGENCY: (1)	Transmittal Number: (3)
ADDRESS: (2)	Transmittal Date: (4)
	Fund Name: (5)
CONTACT: (6) PHONE: (6)	(FOR AGENCY COMPLETION)

RECEIPT ACCOUNT CODE				AMOUNT	CFDA NUMBER	DESCRIPTION	Deposit Instrument Identification	
Agency	Source	Loc/Sub Source	Fund				Type	Number
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL DEPOSIT				\$ (16)	SIGNED: (17) TITLE: (18)			

COMPTROLLER DEPOSIT ORDER TO THE TREASURER OF THE STATE OF ILLINOIS

Date: (19) Order No: (20)

Document Total: \$ (21) Fund Number: (22)

(23) _____ (24) _____

COUNTERSIGNED - STATE TREASURER COMPTROLLER, STATE OF ILLINOIS

DEPOSIT INSTRUMENT TYPE CODE

CODE	TYPE INSTRUMENT
1	Advice of Credit
2	State Warrant
3	Treasurer's Draft
4	United States Check
5	University Check
6	Other



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

Exhibit 25.20.10-B
 (12-001)

RECEIPTS DEPOSIT TRANSMITTAL

Submit COPIES 1 thru 5 to the Comptroller

- Distribution**
1. White - Returned To Comptroller
 2. Blue - Treasurer-Banking Division
 3. Buff - Treasurer-Warrant Division
 4. Pink -Returned to Agency
 5. Canary - Retained by Comptroller
 6. Goldenrod - Retained by Agency

AGENCY:	Office of the Comptroller	Transmittal Number:	124
ADDRESS:	325 W. Adams	Transmittal Date:	6/24/2009
	Springfield, IL 62704	Fund Name:	GRF
CONTACT:	Jane Doe	PHONE:	xxx-xxxx
(FOR AGENCY COMPLETION)			

RECEIPT ACCOUNT CODE				AMOUNT	CFDA NUMBER	DESCRIPTION	Deposit Instrument Identification	
Agency	Source	Loc/Sub Source	Fund				Type	Number
360	055	000	0001	425.24		Burial Trust	3	4097
360	060	000	0001	307.16		Cemetery Care	3	5021
360	861	000	0001	48.15		Miscellaneous		

TOTAL DEPOSIT

\$ 780.55

SIGNED: John Smith

TITLE: Supervisor

COMPTROLLER DEPOSIT ORDER TO THE TREASURER OF THE STATE OF ILLINOIS

Date: _____ Order No: CT0364

Document Total: \$ 780.55 Fund Number: 0001

DEPOSIT INSTRUMENT TYPE CODE

CODE	TYPE INSTRUMENT
1	Advice of Credit
2	State Warrant
3	Treasurer's Draft
4	United States Check
5	University Check
6	Other

COUNTERSIGNED - STATE TREASURER

COMPTROLLER, STATE OF ILLINOIS



RECEIPT TRANSFER REQUEST

ORIGINAL RECEIPT ACCOUNT: (1)	ORIGINAL CFDA NUMBER: (2)	ORIGINAL REVENUE SOURCE: (3)
CORRECT RECEIPT ACCOUNT: (4)	CORRECT CFDA NUMBER: (5)	CORRECT REVENUE SOURCE: (6)
ORIGINAL ORDER NUMBER: (7)		ORIGINAL DEPOSIT DATE: (8)
REASON FOR TRANSFER: (9)		AMOUNT OF TRANSFER: (10)

Contact for further information: Name _____ Phone _____ (11)

Signature _____ Agency _____ Date _____ (12)

Attach copy of Signed Original Processed Receipt Deposit (13)

FOR COMPTROLLER USE ONLY		
Processed By:	Transaction Number:	Date:





STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

Exhibit 25.20.15-B
 (12-001)

RECEIPT TRANSFER REQUEST

ORIGINAL RECEIPT ACCOUNT:	ORIGINAL CFDA NUMBER:	ORIGINAL REVENUE SOURCE:
CORRECT RECEIPT ACCOUNT:	CORRECT CFDA NUMBER:	CORRECT REVENUE SOURCE:
ORIGINAL ORDER NUMBER:		ORIGINAL DEPOSIT DATE:
REASON FOR TRANSFER:		AMOUNT OF TRANSFER:

Contact for further information: Name _____ Phone _____

Signature _____ Agency _____ Date _____

Attach copy of Signed Original Processed Receipt Deposit

FOR COMPTROLLER USE ONLY		
Processed By:	Transaction Number:	Date:





EXPENDITURE ADJUSTMENT TRANSMITTAL
 FOR RETURNS OF ERRONEOUS OR OVERPAYMENTS ONLY

SUBMIT COPIES + THRU'S TO THE COMPTROLLER: DISTRIBUTION 1. Whole Returned to Comptroller 2. Blue-Treasurer/Banking Division 3. Blue-Treasurer/Warrant Division 4. Pink-Returned to Agency 5. Canary-Returned by Comptroller 6. Green-Comptroller 7. Outlined-Released by Agency	AGENCY: _____ (1)	Transmittal No: _____ (4)										
	ADDRESS: _____ (2)	Transmittal Date: _____ (5) <small>(By agency use)</small>										
	CONTACT: _____ (3) PHONE: _____ (3)	DEPOSIT INSTRUMENT IDENTIFICATION										
		<table border="1"> <thead> <tr> <th>TYPE</th> <th>NUMBER</th> </tr> </thead> <tbody> <tr> <td>(6)</td> <td>(7)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	TYPE	NUMBER	(6)	(7)						
TYPE	NUMBER											
(6)	(7)											

COMPLETION OF ALL FIELDS REQUIRED		FISCAL YEAR	EXPENDITURE INFORMATION		
APPROPRIATION ACCOUNT CODE	(8)	(9)	OBJECT CODE (10)	AMOUNT (11)	CFDA NUMBER (12)
WARRANT NO./ EFT TRACE NO.	(13)				
WARRANT ISSUE DATE	(14)				
VOUCHER NUMBER	(15)				
VENDOR NUMBER AND NAME	(16)				
REASON FOR REFUND	(17)				
TOTAL:				(18)	

COMPLETION OF ALL FIELDS REQUIRED		FISCAL YEAR	EXPENDITURE INFORMATION		
APPROPRIATION ACCOUNT CODE			OBJECT CODE	AMOUNT	CFDA NUMBER
WARRANT NO./ EFT TRACE NO.					
WARRANT ISSUE DATE					
VOUCHER NUMBER					
VENDOR NUMBER AND NAME					
REASON FOR REFUND					
TOTAL:					

SIGNATURE: _____ (19) TITLE: _____ (19)

I hereby certify that the amount(s) shown above represent the return of all erroneous payments or an overpayment(s) and is subject to appropriation credit(s).
 If the appropriation has not lapsed, as authorized by 15 ILCS 405/10-14.

COMPTROLLER DEPOSIT ORDER TO THE TREASURER OF THE STATE OF ILLINOIS

Date: _____ (20) Order No: _____ (21)

Document Total: _____ (22) Fund Number: _____ (23)

 (24) (25)
 COUNTERSIGNED-STATE TREASURER COMPTROLLER, STATE OF ILLINOIS



EXPENDITURE ADJUSTMENT TRANSMITTAL
 FOR RETURNS OF ERRONEOUS OR OVERPAYMENTS ONLY

SUBMIT COPIES + THRU 5 TO THE COMPTROLLER DISTRIBUTION 1. Whole-Returned to Comptroller 2. Blue-Treasurer/Banking Division 3. Blue-Treasurer/Warrant Division 4. Pink-Returned to Agency 5. Canary-Returned by Comptroller 6. Green-Cancelled 7. Outlined-Released by Agency	AGENCY: <u>Comptroller</u>	Transmittal No: <u>1</u>										
	ADDRESS: <u>325 W. Adams</u> <u>Springfield, IL 62704</u>	Transmittal Date: <u>6/15/2009</u> <small>(By agency use)</small>										
CONTACT: <u>Jane Doe</u> PHONE: <u>XXX-XXXX</u>		DEPOSIT INSTRUMENT IDENTIFICATION										
		<table border="1"> <thead> <tr> <th>TYPE</th> <th>NUMBER</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>6092</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	TYPE	NUMBER	3	6092						
TYPE	NUMBER											
3	6092											

COMPLETION OF ALL FIELDS REQUIRED		FISCAL YEAR	EXPENDITURE INFORMATION		
APPROPRIATION ACCOUNT CODE			OBJECT CODE	AMOUNT	CFDA NUMBER
	0001-36001-1290-0000	09	1291	\$24.00	
WARRANT NO / EFT TRACE NO.	AC1234567				
WARRANT ISSUE DATE	2/15/2009				
VOUCHER NUMBER	900000029				
VENDOR NUMBER AND NAME	123456789/ABC Inc				
REASON FOR REFUND	Duplicate Payment To Vendor				
				TOTAL:	\$24.00

COMPLETION OF ALL FIELDS REQUIRED		FISCAL YEAR	EXPENDITURE INFORMATION		
APPROPRIATION ACCOUNT CODE			OBJECT CODE	AMOUNT	CFDA NUMBER
WARRANT NO / EFT TRACE NO.					
WARRANT ISSUE DATE					
VOUCHER NUMBER					
VENDOR NUMBER AND NAME					
REASON FOR REFUND					
				TOTAL:	

SIGNATURE: John Doe TITLE: Manager

I hereby certify that the amount(s) shown above represent the return of all erroneous payments or an overpayment(s) and is eligible for appropriation credit.
 If the appropriation has not lapsed, as authorized by 15 ILCS 405/10-14.

COMPTROLLER DEPOSIT ORDER TO THE TREASURER OF THE STATE OF ILLINOIS

Document Total: \$24.00 Fund Number: 0001

Date: _____ Order No: E01028

COUNTERSIGNED-STATE TREASURER

COMPTROLLER, STATE OF ILLINOIS



EXPENDITURE ADJUSTMENT TRANSMITTAL
 FOR RETURNS OF ERRONEOUS OR OVERPAYMENTS ONLY

SUBMIT COPIES + THRU 5 TO THE COMPTROLLER: DISTRIBUTION 1. Whole Returned to Comptroller 2. Bill to Treasurer/Banking Division 3. Bill to Treasurer/Warrant Division 4. Plus Returned to Agency 5. Copy Retained by Comptroller 6. Green-Comptroller 7. Quotiented-Returned by Agency	AGENCY: _____ ADDRESS: _____ _____ _____ CONTACT: _____ PHONE: _____	Transmittal No.: _____ Transmittal Date: _____ <small>(By agency use)</small> DEPOSIT INSTRUMENT IDENTIFICATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">TYPE</th> <th>NUMBER</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	TYPE	NUMBER														
TYPE	NUMBER																	

COMPLETION OF ALL FIELDS REQUIRED		FISCAL YEAR	EXPENDITURE INFORMATION		
APPROPRIATION ACCOUNT CODE			OBJECT CODE	AMOUNT	CFDA NUMBER
WARRANT NO / EFT TRACE NO.					
WARRANT ISSUE DATE					
VOUCHER NUMBER					
VENDOR NUMBER AND NAME					
REASON FOR REFUND					
TOTAL:					

COMPLETION OF ALL FIELDS REQUIRED		FISCAL YEAR	EXPENDITURE INFORMATION		
APPROPRIATION ACCOUNT CODE			OBJECT CODE	AMOUNT	CFDA NUMBER
WARRANT NO / EFT TRACE NO.					
WARRANT ISSUE DATE					
VOUCHER NUMBER					
VENDOR NUMBER AND NAME					
REASON FOR REFUND					
TOTAL:					

SIGNATURE: _____

TITLE: _____

I hereby certify that the amount(s) shown above represent the return of all erroneous payment(s) or an overpayment(s) and is eligible to appropriation credit(s).
 If the appropriation has not lapsed, as authorized by 15 ILCS 405/10-14.

COMPTROLLER DEPOSIT ORDER
TO THE TREASURER OF THE STATE OF ILLINOIS

Date: _____ **Order No.:** _____

Document Total: _____

Fund Number: _____

 COUNTERSIGNED-STATE TREASURER

 COMPTROLLER, STATE OF ILLINOIS



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency _____ Date _____
Address _____
Attention _____

I. Receipt Account Add Delete Estimated Annual Receipts _____
Account Code _____ Receipts to be deposited into Fund No. _____
Fund Name _____
Sources of Receipts _____

II. Expenditure Authority Account _____ Organizational Unit _____
 Add Delete Add Delete
Account _____ Account _____
Expenditures subject to Control based on:
a) Receipts Yes No If yes, give Receipt Account Number _____
b) Allotments Yes No
c) Other (please specify) _____
Expenditures to be made from Fund No. _____ Fund Name _____
Suggested Expenditure Authority Account Code _____

III. Detail Expenditure Object Add Delete Inquiry
Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.

Signature: _____ Title _____ Date _____
_____ Telephone _____
Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
Changed By _____ Date _____



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency _____ (1) Date _____ (2)
 Address _____ (3)
 Attention _____ (4)

I. Receipt Account (5) Add Delete (6) Estimated Annual Receipts _____ (7)
 Account Code _____ (8) Receipts to be deposited into Fund No. _____ (9)
 Fund Name _____ (9)
 Sources of Receipts _____ (10)

II. Expenditure Authority Account Organizational Unit
 Add Delete Add Delete
 Account _____ Account _____
 Expenditures subject to Control based on:
 a) Receipts Yes No If yes, give Receipt Account Number _____
 b) Allotments Yes No
 c) Other (please specify) _____
 Expenditures to be made from Fund No. _____ Fund Name _____
 Suggested Expenditure Authority Account Code _____

III. Detail Expenditure Object Add Delete Inquiry
 Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.

(11)

Signature: _____ (12) Title _____ (13) Date _____ (14)
 _____ (15) Telephone _____ (16)
 Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit		
Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object		
Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
 Changed By _____ Date _____



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency Illinois Office of the Comptroller Date 6/15/04
 Address 201 State House, Springfield, IL 62704
 Attention I. M. Money

I. Receipt Account Add Delete Estimated Annual Receipts \$45,000.00
 Account Code _____ (Optional) Receipts to be deposited into Fund No. 0001
 Fund Name General Revenue
 Sources of Receipts Owners of bicycles

II. Expenditure Authority Account Organizational Unit
 Add Delete Add Delete
 Account _____ Account _____
 Expenditures subject to Control based on:
 a) Receipts Yes No If yes, give Receipt Account Number _____
 b) Allotments Yes No
 c) Other (please specify) _____
 Expenditures to be made from Fund No. _____ Fund Name _____
 Suggested Expenditure Authority Account Code _____

III. Detail Expenditure Object Add Delete Inquiry
 Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.
 The 93rd General Assembly has passed and the Governor signed into law HBxxxx, which requires all bicycle owners to purchase license plates for their bicycles. There is no existing receipt account to classify this source of receipts.

Signature: _____ (Signature of Agency Official) Title _____ (Official Title) Date XX/XX/XX
 _____ (Printed or typed name) Telephone (XXX)XXX-XXXX
 Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
 Changed By _____ Date _____



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Chart of Accounts Maintenance and Inquiry

Agency Illinois Office of the Comptroller Date 4/12/05
 Address 201 State House, Springfield, IL 62704
 Attention I. M. Money

I. Receipt Account Add Delete Estimated Annual Receipts _____
 Account Code 360-950-012-001 Receipts to be deposited into Fund No. _____
 Fund Name _____
 Sources of Receipts _____

II. Expenditure Authority Account Organizational Unit
 Add Delete Add Delete
 Account _____ Account _____
 Expenditures subject to Control based on:
 a) Receipts Yes No If yes, give Receipt Account Number _____
 b) Allotments Yes No
 c) Other (please specify) _____
 Expenditures to be made from Fund No. _____ Fund Name _____
 Suggested Expenditure Authority Account Code _____

III. Detail Expenditure Object Add Delete Inquiry
 Account to be deleted or inquired about (if known) _____

IV. Description of any Addition, Deletion or Inquiry from Section I, II, or III.
 The 94th General Assembly has repealed Public Act 93-XXXX requiring bicycle owners to purchase license plates for their bicycles. This receipt account will no longer be used.

Signature: _____ (Signature of Agency Official) Title _____ (Official Title) Date XX/XX/XX
 _____ (Printed or typed name) Telephone (XXX)XXX-XXXX
 Please type or print name

Comptroller Use Only

V. Type of Account	Account Number	Remarks
1. Receipt Account Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
2. Expenditure Authority Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
3. Organizational Unit Added <input type="checkbox"/> Deleted <input type="checkbox"/>	_____	
4. Detail Expenditure Object Added <input type="checkbox"/> Deleted <input type="checkbox"/> Inquiry <input type="checkbox"/>	_____	

Approved By _____ Date _____
 Changed By _____ Date _____

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	RECEIPTS AND CASH REFUNDS	PROCEDURE - PAGE NO. 25.40.20 1 of 4
SUB-SECTION	CONTROL	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY REVENUE STATUS REPORT	REVISION NUMBER 18-001

RECONCILIATION OF MONTHLY REVENUE STATUS REPORT

PURPOSE

The purpose of this procedure is to describe one method which can be used to reconcile receipt account balances maintained by the agency with the statewide receipt account records maintained in the Comptroller's Office. This reconciliation must be performed monthly and the Comptroller's Office notified of any unreconcilable differences so that the necessary corrective action can be taken to locate the differences and correct the accounting records. This reconciliation must be completed within 60 days of month end.

GENERAL

The Monthly Revenue Status Report has been designed to facilitate agency receipts reconciliation. All receipt accounts administered by the agency will be reflected on this report. The reports will have all the information needed to reconcile the agency's records to the Comptroller's records.

RECONCILING THE REPORT

The suggested method for reconciling the "Monthly Revenue Status Report" is as follows:

Step 1.

For each receipt account (5) compare the agency fiscal year-to-date receipts with the Monthly Revenue Status Report ending balance (9). If there is a difference and the previous Monthly Revenue Status Report has been reconciled, the difference should be in the current period amount (8). Proceed to Step 2.

Step 2.

Since the agency records a receipt at the time of collection and the Comptroller records a receipt at the time of deposit in the State Treasury, there will normally be a timing difference which results in reconciling items.

**STATE OF ILLINOIS
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SECTION	RECEIPTS AND CASH REFUNDS	PROCEDURE - PAGE NO. 25.40.20 2 of 4
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PROCEDURE	RECONCILIATION OF MONTHLY REVENUE STATUS REPORT	REVISION NUMBER 18-001

The following steps should be followed in reconciling the ending balance for each receipt account (5) as of the report date:

Begin with the fiscal year-to-date balance (9) shown on the "Monthly Revenue Status Report."

Add receipts recorded on your records as of the date of this report which do not appear in the current month's detail activity (10) through (13). These deposits are items in transit at month end which have not been processed by the Comptroller.

Add transfers in recorded on your records as of the date of this report which do not appear in the current month's detail activity (10) through (13). These are items in transit at month end which have not been processed by the Comptroller. A transfer in will occur when a deposit was credited to a wrong receipt account initially and is now being corrected.

Subtract transfers out recorded on your records as of the date of this report which do not appear in the current month's detail activity (10) through (13). These are items in transit at month end which have not been processed by the Comptroller. A transfer out will occur when the receipt account was credited with an erroneous deposit and is now being removed.

Subtract reversals (correction of posting errors) recorded on your records as of the date of this report which do not appear in the current month's detail activity (10) through (13). A reversal will occur when a wrong dollar amount was posted. The reversal will indicate the amount of the erroneous deposit and the corrected amount will appear as a normal transaction.

Subtract receipts processed by the Office of the Comptroller during July of the current fiscal year which were recorded in the agency's records as a prior fiscal year receipt. These deposits were items in transit at the end of the prior fiscal year. These items can be determined by reviewing the detail activity (10) through (13) shown on the Sample Monthly Revenue Status Report. Check the dollar amount of each transaction to see if it is the same on the "Monthly Revenue Status Report" as it is in the agency's records. If there are any differences, this will be a reconciling item and the Office of the Comptroller should be notified on the Reconciliation Exception Notification (C-82).

**STATE OF ILLINOIS
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SECTION	RECEIPTS AND CASH REFUNDS	PROCEDURE - PAGE NO. 25.40.20 3 of 4
SUB-SECTION	CONTROL	EFFECTIVE DATE July 1, 2017
PROCEDURE	RECONCILIATION OF MONTHLY REVENUE STATUS REPORT	REVISION NUMBER 18-001

The balance should now equal the fiscal year-to-date receipts reflected on the agency's records.

RECONCILIATION EXCEPTION NOTIFICATION

The Monthly Revenue Status Report, which is distributed to each agency, must be reconciled within 60 days of month end to ensure the early detection and correction of errors. Along with the Revenue Status Report, a Reconciliation Exception Notification (SAMS Procedure Exhibit 25.40.20-A) form is provided to facilitate the reporting of discrepancies to the Comptroller.

CONTENTS: (Refer to SAMS Procedure Exhibit 25.40.20-B)

<u>REFERENCE</u>	<u>CONTENTS</u>
(1)	Check the Revenue box.
(2)	Complete the month and fiscal year of the report being reconciled
(3)	Indicate in appropriate box the type of exception. a) If the agency has cited a wrong receipt account code on the Receipts Deposit Transmittal (C-64) this box should be checked. The agency should attach a letter requesting a receipt transfer with a reasonable explanation and a copy of the erroneous transmittal. b) If the agency has processed a refund as a receipt in error, this box should be checked. The agency should attach a letter requesting a receipt reversal with a reasonable explanation and a completed Expenditure Adjustment Transmittal (C-63).

**STATE OF ILLINOIS
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SECTION	RECEIPTS AND CASH REFUNDS	PROCEDURE - PAGE NO. 25.40.20 4 of 4
SUB-SECTION	CONTROL	EFFECTIVE DATE July 1, 1997
PROCEDURE	RECONCILIATION OF MONTHLY REVENUE STATUS REPORT	REVISION NUMBER 98-001

REFERENCE

CONTENTS

- c) If an adjustment is noted that is not identified in the prior exceptions, attach an explanation of the adjustment needed and all pertinent information (receipt deposit transmittal, etc.).
 - d) If an adjustment is noted which cannot be identified by the agency, attach any information which could be pertinent. The Comptroller's Office will contact the agency to rectify the problem.
-
- (4) Agency Name Official name of the agency.
 - (5) Agency Number Three-digit Comptroller assigned agency code.
 - (6) Authorized Signature Responsible agency person completing the reconciliation.
 - (7) Date Date completing reconciliation.
 - (8) Telephone Number Telephone number of person completing the reconciliation.

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
General Assembly	General Assembly	101	000			
Contribution to State by State Officers	Contribution/State Officers Salaries	101	819	000	0001	1714
Miscellaneous	Miscellaneous	101	861	000	0001	1121
Miscellaneous	House Operation Minority	101	861	002	0001	1123
Miscellaneous	Senate Operations	101	861	003	0001	1124
Miscellaneous	District Office Allotment	101	861	004	0001	1125
Miscellaneous	Maj Leadership & Research	101	861	010	0001	1126
Repayment to State Pursuant to Law	Returned Petty Cash Fund	101	880	600	0001	1270
Subscription or Publication Sales	Subscription or Publication Sales	101	888	000	0196	1289
Restitution	Restitution	101	893	000	0001	2075
Auditor General	Auditor General	103	000			
Reimbursement of Audits	Reimburse Audits-Fed Program	103	510	010	0001	0439
Reimbursement of Audits	Reimburse Audits-Public Aid	103	510	478	0001	0441
Reimbursement of Audits	Reimburse Audits-Local Funds	103	510	575	0342	0442
Miscellaneous	Miscellaneous	103	861	000	0001	1121
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	103	877	000	0342	1228
Commission on Government Forecasting and Accountability	Comm. On Government Forecasting & Accountability	105	000			
Miscellaneous	Miscellaneous	105	861	000	0001	1121
Repayment to State Pursuant to Law	Returned Petty Cash Fund	105	880	600	0001	1270
Legislative Information System	Legislative Information System	108	000			
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	108	877	000	0001	1228
Legislative Audit Commission	Legislative Audit Commission	109	000			
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	109	877	000	0001	1228
Legislative Printing Unit	Legislative Printing Unit	110	000			
Miscellaneous	Miscellaneous	110	861	000	0001	1121
Rental Income	Building and Space Rentals	110	876	200	0001	1221
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	110	877	000	0001	1228
Legislative Research Unit	Legislative Research Unit	112	000			
Miscellaneous	Miscellaneous	112	861	000	0001	1121
Legislative Reference Bureau	Legislative Reference Bureau	115	000			
Licenses, Fees or Registrations	Copy Fees	115	855	100	0155	0939
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	115	877	000	0001	1228
Subscription or Publication Sales	Subscription or Publication	115	888	000	0001	1289
General Assembly Retirement System	General Assembly Retirement	131	000			
Contributions by Employees	Contributions/Current Year Service	131	812	100	0481	0573
Contributions by Employees	Current Year/Employer	131	812	150	0481	0574
Contributions by Employees	Contributions/Pior Year Service	131	812	200	0481	0576
Contributions by Employer	Contributions by Employer	131	815	000	0481	0577
Contributions by Employer	Contributions by Employer	131	815	000	0786	0577
Contributions from State Pension Fund	Contrib/State Pension Fd	131	818	000	0481	0580
Employees Receivable & Repayment of Refunded Contributions	Employees Receivable	131	821	000	0481	0591
Interest Paid by Members	Interest Paid by Members	131	849	000	0481	0869
Miscellaneous	Miscellaneous	131	861	000	0481	1121
Sale of Investments	Sale of Investments	131	882	000	0481	1286
Architect of the Capitol	Architect of the Capitol	156	000			
Licenses, Fees or Registrations	Contract Administration	156	855	127	0149	0943
Miscellaneous	Miscellaneous	156	861	000	0001	1121
Administrative Rules, Joint Comm. on	Administrative Rules, Joint Comm.	167	000			
Repay State/Jury Duty & Personal Phone Calls	Reim/Jury Duty & Recoveries	167	877	000	0001	1228
Subscription or Publication Sales	Subscription or Publication	167	888	000	0155	1289

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Subscription or Publication Sales	Books/Magazine & Periodicals	167	888	005	0001	1290
Supreme Court	Supreme Court	201	000			
Pro Rata Share of Expense-Counties	Pro Rata Share Expense/Ctys	201	473	000	0001	0407
Federal Government	Health & Human Services	201	831	075	0269	0618
Federal Monies Via Other State or Org	State Justice Institute	201	840	010	0269	2420
Fund Transfers	Foreign Language Interpreter Fund	201	846	007	0597	2455
Licenses, Fees or Registrations	Clerk-Appearence Fees	201	855	040	0001	0927
Licenses, Fees or Registrations	Clerk-Appearence Fees	201	855	040	0030	0927
Licenses, Fees or Registrations	Clerk-Corporation Certificate	201	855	120	0001	0940
Licenses, Fees or Registrations	Clerk-Corporation Certificate	201	855	120	0030	0940
Licenses, Fees or Registrations	Clerk-Court Opinion	201	855	130	0001	0944
Licenses, Fees or Registrations	Clerk-Court Opinion	201	855	130	0030	0944
Licenses, Fees or Registrations	Library Fees	201	855	131	0001	0945
Licenses, Fees or Registrations	Clerk-Docket	201	855	150	0001	0950
Licenses, Fees or Registrations	Clerk-Docket	201	855	150	0030	0950
Licenses, Fees or Registrations	Access to Justice	201	855	174	0035	2448
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 1	201	855	176	0001	2378
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 1	201	855	176	0030	2378
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 2	201	855	177	0001	2379
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 2	201	855	177	0030	2379
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 3	201	855	178	0001	2380
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 3	201	855	178	0030	2380
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 4	201	855	179	0001	2381
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 4	201	855	179	0030	2381
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 5	201	855	180	0001	2382
Licenses, Fees or Registrations	Appellate Court Clerk-Dist 5	201	855	180	0030	2382
Licenses, Fees or Registrations	Foreign Language Interpreters	201	855	187	0597	1525
Licenses, Fees or Registrations	Clerk-Contesting Elections	201	855	221	0001	2542
Licenses, Fees or Registrations	Clerk-Copy Charges	201	855	226	0030	2543
Licenses, Fees or Registrations	Clerk-Law License	201	855	360	0001	0990
Licenses, Fees or Registrations	Clerk-Law License	201	855	360	0030	0990
Licenses, Fees or Registrations	Clerk-Miscellaneous Certificate	201	855	420	0001	1020
Licenses, Fees or Registrations	Clerk-Miscellaneous Certificate	201	855	420	0030	1020
Miscellaneous	Miscellaneous	201	861	000	0001	1121
Miscellaneous	Miscellaneous-Royalties	201	861	020	0001	2383
Private Organizations or Individuals	Private Organizations or Individuals	201	870	000	0230	1200
Private Organizations or Individuals	Royalties	201	870	050	0001	1650
Supreme Court Historic Prsrv Comm	Supreme Court Historic Prsrv Comm	210	000			
Miscellaneous	Miscellaneous	210	861	000	0428	1121
Private Organizations or Individuals	Private Organizations or Individuals	210	870	000	0428	1200
Product Sales	Product Sales	210	872	000	0428	1214
Judges Retirement System	Judges Retirement System	275	000			
IRS Tax Levy	IRS Tax Levy	275	588	000	0477	1379
Contributions by Employees	Contributions/Current Year Service	275	812	100	0477	0573
Contributions by Employees	Current Year/Employer	275	812	150	0477	0574
Contributions by Employees	Contributions/Prior Year Service	275	812	200	0477	0576
Contributions by Employer	Contributions by Employer	275	815	000	0477	0577
Contributions by Employer	Contributions by Employer	275	815	000	0787	0577
Contributions from State Pension Fund	Contrib/State Pension Fund	275	818	000	0477	0580
Employees Receivable & Repayment of Refunded Contributions	Employees Receivable	275	821	000	0477	0591
Interest Paid by Members	Interest Paid by Members	275	849	000	0477	0869
Miscellaneous	Miscellaneous	275	861	000	0477	1121
Other Illinois State Agency	GA Retirement System	275	864	131	0477	1789
Sale of Investments	Sale of Investments	275	882	000	0477	1286
Judicial Inquiry Board	Judicial Inquiry Board	285	000			
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	285	877	000	0001	1228

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
State Appellate Defender, Office of the	State Appellate Defender	290	000			
Fed Monies Via Other Illinois Agency	Criminal Justice Trust Fund	290	840	488	0117	0724
Miscellaneous	Miscellaneous	290	861	000	0001	1121
States Attorney's Appellate Prosecutor	State Appellate Prosecutor	295	000			
Insurance Claims Reimbursement	Insurance Claims Reim	295	307	000	0745	0275
Repayment-Unused Grant Funds	Cook County States Attorney	295	633	005	0001	1984
County Contribution	County Contribution	295	816	100	0745	0578
County Contribution	Public Labor Relations Act	295	816	300	0745	0579
Federal Government	Justice, Department of	295	831	110	0090	0629
Fed Monies Via Other Illinois Agency	ICJIA-Appeals Grant	295	840	006	0090	2504
Fed Monies Via Other Illinois Agency	ICJIA-Drug Grant	295	840	007	0090	2505
Fed Monies Via Other Illinois Agency	Criminal Justice Trust Fund	295	840	488	0090	0724
Fines, Penalties or Violations	Drug Asset Forfeiture	295	843	033	0951	1343
Fines, Penalties or Violations	Cannabis Control Act	295	843	034	0844	2579
Fund Transfer	Continuing Legal Education Trust Fund	295	846	012	0844	2365
Licenses, Fees or Registrations	Criminal Justice Info. Auth.	295	855	546	0090	1367
Local Illinois Governmental Units	Cook County Overtime Reimb.	295	858	035	0951	1812
Local Illinois Governmental Units	County Reimb. For expenses	295	858	045	0745	1813
Other Illinois State Agency	Il Crimin Justice Info Auth	295	864	546	0090	1168
Repayment to State Pursuant to Law	Repayment Pursuant to Law	295	880	000	0001	1243
Subscription or Publication Sales	Complaint Books	295	888	007	0844	1291
Subscription or Publication Sales	Newsletter	295	888	027	0844	1295
Subscription or Publication Sales	Trial Advocacy Program	295	888	057	0844	1300
Reimbursements	Miscellaneous-Reimbursements	295	890	050	0844	2103
Governor	Governor	310	000			
Contribution to State by State Officers	Contribution/State Officers Salaries	310	819	000	0001	1714
Miscellaneous	Miscellaneous	310	861	000	0001	1121
Private Organizations or Individuals	Private Organizations or Indiv.	310	870	000	0947	1200
Rental Income	Executive Mansion	310	876	325	0296	1223
Repayment to State Pursuant to Law	Returned Petty Cash Fund	310	880	600	0001	1270
Lieutenant Governor	Lieutenant Governor	330	000			
Contributions to State by State Officers	Contribution/State Officers Salaries	330	819	000	0001	1714
Federal Government	National Community Service	330	831	133	0343	0634
Miscellaneous	Miscellaneous	330	861	000	0001	1121
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	330	877	000	0001	1228
Attorney General	Attorney General	340	000			
Airport Departure Tax	Airport Departure Tax-Increase	340	027	004	0533	2302
Forfeited and Seized Property	50% Sale/Child Pornography Case	340	071	010	0929	2551
Tobacco Settlement	Tobacco Settlement	340	077	100	0533	1608
Tobacco Settlement	Master Agreement	340	077	115	0533	2419
Tobacco Settlement	New York State-Attorney General	340	077	105	0733	1988
Court and Anti Trust Distributions	Court and Anti-Trust Distributions	340	820	000	0703	0582
Court and Anti Trust Distributions	Court and Anti-Trust Distributions	340	820	000	0801	0582
Court and Anti Trust Distributions	Consumer Law/Elderly Victims	340	820	010	0542	1423
Court and Anti Trust Distributions	Court Dist/Consumer Educ	340	820	022	0801	0583
Court and Anti Trust Distributions	Court Dist/Charitable Trust	340	820	025	0801	0585
Court and Anti Trust Distributions	Court Dist/Environmental	340	820	045	0801	0587
Federal Government	Dept of Homeland Security - FEMA	340	831	035	0988	1952
Federal Government	Health & Human Services	340	831	075	0988	0618
Federal Government	U.S. Dept. of Justice	340	831	110	0988	0629
Federal Government	Treasury, Department of	340	831	190	0988	0647
Fed Monies Via Other Illinois Agency	Criminal Justice Trust Fund	340	840	488	0988	0724
Fed Monies Via Other Illinois Agency	IEMA-U.S. Homeland Security	340	840	497	0988	1851
Fed Monies Via Other Illinois Agency	Criminal Justice Info. Auth.	340	840	546	0988	1432
Fed Monies Via Other Illinois Agency	IL Housing Development Authority	340	840	551	0988	2198

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fed Monies Via Other Illinois Agency	Juv.Accountability Incentive Block Grant	340	840	581	0988	1716
Fed Monies Via Other Illinois Agency	IEMA-US Department of Commerce	340	840	585	0988	2293
Fines, Penalties or Violations	Fines, Penalties or Violations	340	843	000	0549	0780
Fines, Penalties or Violations	Legal Violations	340	843	070	0001	0797
Fund Transfer	Whistleblower Reward & Protect	340	846	703	0600	1625
Fund Transfer	Whistleblower Reward & Protect	340	846	703	0705	1625
Fund Transfer	Attorney General Federal Grant fund	340	846	988	0001	2188
Fund Transfer	Attorney General Federal Grant fund	340	846	988	0085	2188
Licenses, Fees or Registrations	Licenses, Fees or Registrations	340	855	000	0549	0915
Licenses, Fees or Registrations	Copy Fees	340	855	100	0001	0939
Licenses, Fees or Registrations	Franchise Fees	340	855	245	0001	0971
Local Illinois Governmental Units	Sex Offender Registration Fees	340	858	060	0958	1814
Miscellaneous	Miscellaneous	340	861	000	0001	1121
Miscellaneous	Miscellaneous	340	861	000	0801	1121
Other Illinois State Agency	Public Aid	340	864	478	0801	1158
Other Illinois State Agency	State Police	340	864	493	0001	1161
Other Illinois State Agency	State Police	340	864	493	0801	1161
Other Illinois State Agency	EPA Trust Fund Commission	340	864	531	0801	1165
Other Illinois State Agency	IL Crimin. Justice Info. Auth.	340	864	546	0988	1168
Other Illinois State Agency	Violence Prevention Authority	340	864	559	0801	1558
Other Illinois State Agency	Traffic/Criminal Convict. Surchrg.	340	864	821	0801	1450
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0085	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0224	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0801	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0929	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0988	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0533	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0542	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0549	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0600	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0733	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	340	877	000	0757	1228
Repayment to State Pursuant to Law	Asbestos Abatement Recovery	340	880	005	0224	1244
Repayment to State Pursuant to Law	Asbestos Abatement Recovery	340	880	005	0600	1244
Repayment to State Pursuant to Law	Crime Victims	340	880	055	0001	1246
Repayment to State Pursuant to Law	Investigative Cost	340	880	075	0001	1248
Repayment to State Pursuant to Law	Returned Petty Cash Fund	340	880	600	0001	1270
Repayment to State Pursuant to Law	Restitutions	340	880	725	0929	1283
Out of Court Settlements	Settlement Proceeds	340	886	002	0001	2122
Reimbursements	Reimbursements of Prior Costs	340	890	000	0600	1524
Secretary of State	Secretary of State	350	000			
Forfeited or Seized Property	Forfeited or Seized Property	350	071	000	0362	0052
Corporate Division	Corporate Division	350	095	000	0001	0060
Corporate Division	Corporate Division	350	095	000	0401	0060
Corporate Division	Corporate Division	350	095	000	0483	0060
Corporate Division	Corporate Franchise Tax	350	095	025	0380	0061
Index Division	Index Division	350	295	000	0001	0150
Miscellaneous MV & Operators Licenses	Mics Vehicle & Operators Lic	350	400	000	0863	0315
Motor Vehicle Licenses	Motor Vehicle Licenses	350	410	000	0011	0323

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Motor Vehicle Licenses	Motor Vehicle Licenses	350	410	000	0040	0323
Motor Vehicle Licenses	Motor Vehicle Licenses	350	410	000	0694	0323
Motor Vehicle Licenses	Motor Vehicle Licenses	350	410	000	0902	0323
Motor Vehicle Licenses	Girl Scout License	350	410	001	0185	2155
Motor Vehicle Licenses	Girl Scout License	350	410	001	0464	2155
Motor Vehicle Licenses	Boy Scout License	350	410	002	0185	2156
Motor Vehicle Licenses	Boy Scout License	350	410	002	0464	2156
Motor Vehicle Licenses	Special Olympics License	350	410	003	0185	2157
Motor Vehicle Licenses	Special Olympics License	350	410	003	0623	2157
Motor Vehicle Licenses	Afghanistan License	350	410	004	0185	2158
Motor Vehicle Licenses	Personalized License Plates	350	410	005	0001	1863
Motor Vehicle Licenses	Personalized License Plates	350	410	005	0185	1863
Motor Vehicle Licenses	Iraq License	350	410	006	0185	2159
Motor Vehicle Licenses	Elmhurst College Licenses	350	410	007	0185	2183
Motor Vehicle Licenses	Elmhurst College Licenses	350	410	007	0418	2183
Motor Vehicle Licenses	IL Police Association Licenses	350	410	008	0185	2182
Motor Vehicle Licenses	IL Police Association Licenses	350	410	008	0655	2182
Motor Vehicle Licenses	Ovarian Cancer Awareness Licenses	350	410	009	0185	2185
Motor Vehicle Licenses	Ovarian Cancer Awareness Licenses	350	410	009	0459	2185
Motor Vehicle Licenses	Bronze Star License Plates	350	410	010	0185	0324
Motor Vehicle Licenses	Junior Golf License Plates	350	410	011	0185	2145
Motor Vehicle Licenses	Junior Golf License Plates	350	410	011	0463	2145
Motor Vehicle Licenses	Agriculture in the Classroom Plates	350	410	012	0185	2144
Motor Vehicle Licenses	Agriculture in the Classroom Plates	350	410	012	0466	2144
Motor Vehicle Licenses	Notre Dame License Plates	350	410	013	0185	2143
Motor Vehicle Licenses	Notre Dame License Plates	350	410	013	0418	2143
Motor Vehicle Licenses	Sheet Metal Worker Licenses	350	410	014	0185	2184
Motor Vehicle Licenses	Sheet Metal Worker Licenses	350	410	014	0468	2184
Motor Vehicle Licenses	IL Route 66 Licenses	350	410	015	0185	1827
Motor Vehicle Licenses	IL Route 66 Licenses	350	410	015	0594	1827
Motor Vehicle Licenses	Vehicle Registration Surcharge	350	410	016	0246	2172
Motor Vehicle Licenses	IL Firefighters License	350	410	017	0185	1309
Motor Vehicle Licenses	IL Firefighters License	350	410	017	0510	1309
Motor Vehicle Licenses	Autism Awareness Licenses	350	410	018	0185	2262
Motor Vehicle Licenses	Autism Awareness Licenses	350	410	018	0458	2262
Motor Vehicle Licenses	Soil & Water Conservation District Plates	350	410	019	0895	2312
Motor Vehicle Licenses	Surviving Spouse-Firefighter	350	410	020	0185	1865
Motor Vehicle Licenses	Rotary Club Plates	350	410	021	0185	2218
Motor Vehicle Licenses	Rotary Club Plates	350	410	021	0454	2218
Motor Vehicle Licenses	Korean Service License Plates	350	410	022	0164	2219
Motor Vehicle Licenses	Korean Service License Plates	350	410	022	0184	2219
Motor Vehicle Licenses	Korean Service License Plates	350	410	022	0185	2219
Motor Vehicle Licenses	Support Our Troops License Plates	350	410	023	0185	2220
Motor Vehicle Licenses	Support Our Troops License Plates	350	410	023	0496	2220
Motor Vehicle Licenses	US Army Veteran License Plates	350	410	024	0185	2221
Motor Vehicle Licenses	Environmental License Plates	350	410	025	0185	0325
Motor Vehicle Licenses	Ill/Michigan Canal	350	410	026	0185	1444
Motor Vehicle Licenses	Ill/Michigan Canal	350	410	026	0570	1444
Motor Vehicle Licenses	US Navy Veteran License Plates	350	410	027	0185	2222
Motor Vehicle Licenses	Paratrooper License Plates	350	410	028	0185	2223
Motor Vehicle Licenses	Ducks Unlimited Plates	350	410	029	0185	2314
Motor Vehicle Licenses	Ducks Unlimited Plates	350	410	029	0918	2314
Motor Vehicle Licenses	Surviving Spouse-Police Officer	350	410	030	0185	1866
Motor Vehicle Licenses	United Auto Workers License Plates	350	410	031	0185	2250
Motor Vehicle Licenses	IL EMS Mem Schlrshp & Trng Lic Plates	350	410	032	0185	2248
Motor Vehicle Licenses	IL EMS Mem Schlrshp & Trng Lic Plates	350	410	032	0800	2248
Motor Vehicle Licenses	Intern'l Brthrhd of Teamsters Lic Plates	350	410	033	0185	2249
Motor Vehicle Licenses	Intern'l Brthrhd of Teamsters Lic Plates	350	410	033	0803	2249
Motor Vehicle Licenses	St Jude Childrens Research Plates	350	410	034	0899	2313
Motor Vehicle Licenses	Il Congressional Delegation	350	410	035	0185	0326
Motor Vehicle Licenses	4-H Plates	350	410	036	0915	2315

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Motor Vehicle Licenses	Chicago Bears License Plates	350	410	037	0185	2320
Motor Vehicle Licenses	Chicago Bears License Plates	350	410	037	0587	2320
Motor Vehicle Licenses	Chicago Cub License Plates	350	410	038	0185	2321
Motor Vehicle Licenses	Chicago Cub License Plates	350	410	038	0587	2321
Motor Vehicle Licenses	Fraternal Order of Police License Plates	350	410	039	0185	2325
Motor Vehicle Licenses	Fraternal Order of Police License Plates	350	410	039	0867	2325
Motor Vehicle Licenses	Master Mason License	350	410	040	0185	1310
Motor Vehicle Licenses	Master Mason License	350	410	040	0508	1310
Motor Vehicle Licenses	U of I - Champaign	350	410	041	0185	2039
Motor Vehicle Licenses	U of I - Champaign	350	410	041	0417	2039
Motor Vehicle Licenses	U of I - Chicago	350	410	042	0185	2041
Motor Vehicle Licenses	U of I - Chicago	350	410	042	0417	2041
Motor Vehicle Licenses	U of I - Springfield	350	410	043	0185	2042
Motor Vehicle Licenses	U of I - Springfield	350	410	043	0417	2042
Motor Vehicle Licenses	Eastern Illinois University	350	410	044	0185	2043
Motor Vehicle Licenses	Eastern Illinois University	350	410	044	0417	2043
Motor Vehicle Licenses	Chicago Bulls License Plates	350	410	045	0185	2328
Motor Vehicle Licenses	Chicago Bulls License Plates	350	410	045	0587	2328
Motor Vehicle Licenses	SIU - Edwardsville	350	410	046	0185	2044
Motor Vehicle Licenses	SIU - Edwardsville	350	410	046	0417	2044
Motor Vehicle Licenses	SIU - Carbondale	350	410	047	0185	2045
Motor Vehicle Licenses	SIU - Carbondale	350	410	047	0417	2045
Motor Vehicle Licenses	Northern Illinois University	350	410	048	0185	2046
Motor Vehicle Licenses	Northern Illinois University	350	410	048	0417	2046
Motor Vehicle Licenses	Illinois State University	350	410	049	0185	2047
Motor Vehicle Licenses	Illinois State University	350	410	049	0417	2047
Motor Vehicle Licenses	Korean War License Plates	350	410	050	0185	0327
Motor Vehicle Licenses	Mayor/Village Presidents	350	410	051	0185	1456
Motor Vehicle Licenses	Malcom X College	350	410	052	0185	2048
Motor Vehicle Licenses	Malcom X College	350	410	052	0417	2048
Motor Vehicle Licenses	Western Illinois University	350	410	053	0185	2049
Motor Vehicle Licenses	Western Illinois University	350	410	053	0417	2049
Motor Vehicle Licenses	Bradley University	350	410	054	0185	2050
Motor Vehicle Licenses	Bradley University	350	410	054	0418	2050
Motor Vehicle Licenses	Education License Plates	350	410	055	0185	1868
Motor Vehicle Licenses	Education License Plates	350	410	055	0753	1868
Motor Vehicle Licenses	DePaul University	350	410	056	0185	2051
Motor Vehicle Licenses	DePaul University	350	410	056	0418	2051
Motor Vehicle Licenses	Loyola University	350	410	057	0185	2052
Motor Vehicle Licenses	Loyola University	350	410	057	0418	2052
Motor Vehicle Licenses	Northwestern University	350	410	058	0185	2053
Motor Vehicle Licenses	Northwestern University	350	410	058	0418	2053
Motor Vehicle Licenses	Augustana College	350	410	059	0185	2054
Motor Vehicle Licenses	Augustana College	350	410	059	0418	2054
Motor Vehicle Licenses	Police Memorial Committee	350	410	060	0185	1526
Motor Vehicle Licenses	Police Memorial Committee	350	410	060	0598	1526
Motor Vehicle Licenses	Concordia University	350	410	061	0185	2055
Motor Vehicle Licenses	Concordia University	350	410	061	0418	2055
Motor Vehicle Licenses	Milliken University	350	410	062	0185	2056
Motor Vehicle Licenses	Milliken University	350	410	062	0418	2056
Motor Vehicle Licenses	Alpha Kappa Alpha	350	410	063	0185	2057
Motor Vehicle Licenses	Alpha Kappa Alpha	350	410	063	0584	2057
Motor Vehicle Licenses	Delta Sigma Theta	350	410	064	0185	2058
Motor Vehicle Licenses	Delta Sigma Theta	350	410	064	0584	2058
Motor Vehicle Licenses	Mammogram License Plate	350	410	065	0185	1527
Motor Vehicle Licenses	Mammogram License Plate	350	410	065	0599	1527
Motor Vehicle Licenses	Zeta Phi Beta	350	410	066	0185	2059
Motor Vehicle Licenses	Zeta Phi Beta	350	410	066	0584	2059
Motor Vehicle Licenses	Sigma Gamma Rho	350	410	067	0185	2060
Motor Vehicle Licenses	Sigma Gamma Rho	350	410	067	0584	2060
Motor Vehicle Licenses	Alpha Phi Alpha	350	410	068	0185	2061

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Motor Vehicle Licenses	Alpha Phi Alpha	350	410	068	0584	2061
Motor Vehicle Licenses	Omega Psi Phi	350	410	069	0185	2062
Motor Vehicle Licenses	Omega Psi Phi	350	410	069	0584	2062
Motor Vehicle Licenses	Public University & Colleges	350	410	070	0185	0328
Motor Vehicle Licenses	Public University & Colleges	350	410	070	0417	0328
Motor Vehicle Licenses	Kappa Alpha Psi	350	410	071	0185	2063
Motor Vehicle Licenses	Kappa Alpha Psi	350	410	071	0584	2063
Motor Vehicle Licenses	Phi Beta Sigma	350	410	072	0185	2064
Motor Vehicle Licenses	Phi Beta Sigma	350	410	072	0584	2064
Motor Vehicle Licenses	Iota Phi Theta	350	410	073	0185	2065
Motor Vehicle Licenses	Iota Phi Theta	350	410	073	0584	2065
Motor Vehicle Licenses	Chi White Sox License Plates	350	410	074	0185	2346
Motor Vehicle Licenses	Chi White Sox License Plates	350	410	074	0587	2346
Motor Vehicle Licenses	Retired IL Congress Delegation	350	410	075	0185	1672
Motor Vehicle Licenses	Chicago Police Memorial License Plates	350	410	076	0185	2357
Motor Vehicle Licenses	Chicago Police Memorial License Plates	350	410	076	0639	2357
Motor Vehicle Licenses	Vehicle Registration Fee	350	410	077	0962	2414
Motor Vehicle Licenses	Expedited Registration	350	410	078	0622	2415
Motor Vehicle Licenses	University of Chicago License Plates	350	410	079	0185	2416
Motor Vehicle Licenses	University of Chicago License Plates	350	410	079	0418	2416
Motor Vehicle Licenses	Public University & Colleges	350	410	080	0418	0329
Motor Vehicle Licenses	Transfer of Registration	350	410	081	0011	2445
Motor Vehicle Licenses	Transfer of Registration	350	410	081	0694	2445
Motor Vehicle Licenses	Transfer of Registration	350	410	081	0902	2445
Motor Vehicle Licenses	American Red Cross Plates	350	410	082	0029	2460
Motor Vehicle Licenses	American Red Cross Plates	350	410	082	0185	2460
Motor Vehicle Licenses	IL Police K-9 Memorial Plates	350	410	083	0038	2461
Motor Vehicle Licenses	IL Police K-9 Memorial Plates	350	410	083	0185	2461
Motor Vehicle Licenses	Diabetes Awareness Plates	350	410	084	0185	2462
Motor Vehicle Licenses	Diabetes Awareness Plates	350	410	084	0198	2462
Motor Vehicle Licenses	Alzheimer's Awareness Plates	350	410	085	0020	2463
Motor Vehicle Licenses	Alzheimer's Awareness Plates	350	410	085	0185	2463
Motor Vehicle Licenses	Confidential License Plates	350	410	086	0759	2466
Motor Vehicle Licenses	US Air Force License Plates	350	410	087	0185	2472
Motor Vehicle Licenses	US Air Force License Plates	350	410	087	0662	2472
Motor Vehicle Licenses	Police Benevolent License Plates	350	410	090	0027	2480
Motor Vehicle Licenses	Nat'l Wild Turkey License Plates	350	410	091	0058	2478
Motor Vehicle Licenses	Curing Child Cancer License Plates	350	410	092	0066	2479
Motor Vehicle Licenses	IL Nurses Foundation License Plates	350	410	093	0028	2498
Motor Vehicle Licenses	IL Sheriff Assoc License Plates	350	410	094	0032	2499
Motor Vehicle Licenses	IL Sheriff Assoc License Plates	350	410	094	0185	2499
Motor Vehicle Licenses	ISP Memorial Park License Plates	350	410	095	0034	2500
Motor Vehicle Licenses	ISP Memorial Park License Plates	350	410	095	0185	2500
Motor Vehicle Licenses	Pet Friendly Licenses	350	410	100	0185	1753
Motor Vehicle Licenses	Pet Friendly Licenses	350	410	100	0764	1753
Motor Vehicle Licenses	Pan Hellenic Licenses	350	410	110	0185	1804
Motor Vehicle Licenses	Pan Hellenic Licenses	350	410	110	0584	1804
Motor Vehicle Licenses	Park Dist. Youth Prg. Licenses	350	410	120	0185	1805
Motor Vehicle Licenses	Park Dist. Youth Prg. Licenses	350	410	120	0585	1805
Motor Vehicle Licenses	Hospice Licenses	350	410	130	0185	1806
Motor Vehicle Licenses	Hospice Licenses	350	410	130	0586	1806
Motor Vehicle Licenses	Blackhawk License Plates	350	410	141	0587	2304
Motor Vehicle Licenses	Blackhawk License Plates	350	410	141	0185	2304
Motor Vehicle Licenses	Share the Road License Plates	350	410	142	0185	2305
Motor Vehicle Licenses	Share the Road License Plates	350	410	142	0854	2305
Motor Vehicle Licenses	Violence Prevention License	350	410	150	0184	0330
Motor Vehicle Licenses	Violence Prevention License	350	410	150	0185	0330
Motor Vehicle Licenses	September 11th Licenses	350	410	160	0185	1808
Motor Vehicle Licenses	September 11th Licenses	350	410	160	0588	1808
Motor Vehicle Licenses	Wildlife Prairie License	350	410	200	0185	1312
Motor Vehicle Licenses	Wildlife Prairie License	350	410	200	0504	1312

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Motor Vehicle Licenses	Sportsman Series License	350	410	210	0185	1313
Motor Vehicle Licenses	Sportsman Series License	350	410	210	0391	1313
Motor Vehicle Licenses	US Veterans License	350	410	310	0185	1314
Motor Vehicle Licenses	Silver Star Plates	350	410	313	0185	1658
Motor Vehicle Licenses	Vietnam Veterans Plates	350	410	315	0185	1659
Motor Vehicle Licenses	WW II Veterans Plates	350	410	317	0185	1660
Motor Vehicle Licenses	Organ Donor Awareness	350	410	319	0185	1661
Motor Vehicle Licenses	Organ Donor Awareness	350	410	319	0716	1661
Motor Vehicle Licenses	West Point Bicentennial	350	410	321	0185	1752
Motor Vehicle Licenses	POW License Plates	350	410	323	0185	1798
Motor Vehicle Licenses	Marine Corps License Plates	350	410	325	0185	1867
Motor Vehicle Licenses	Marine Corps License Plates	350	410	325	0760	1867
Operators Licenses	Operators Licenses	350	425	000	0011	0345
Operators Licenses	Operators Licenses	350	425	000	0031	0345
Operators Licenses	Operators Licenses	350	425	000	0649	0345
Operators Licenses	Operators Licenses	350	425	000	0109	0345
Operators Licenses	Reinstatements	350	425	000	0322	0345
Operators Licenses	Operators Licenses	350	425	000	0483	0345
Operators Licenses	Operators Licenses	350	425	000	0694	0345
Operators Licenses	Operators Licenses	350	425	000	0902	0345
Operators Licenses	Temp Visitor Drivers License	350	425	001	0182	2452
Operators Licenses	Adult Driving School Fees	350	425	002	0182	2481
Operators Licenses	M or L Endorsement	350	425	005	0863	1962
Operators Licenses	Reinstatements	350	425	500	0322	1402
Securities Division	Securities Division	350	550	000	0001	0492
Securities Division	Securities Division	350	550	000	0292	0492
State Archives	State Archives	350	570	000	0001	0501
State Library	State Library	350	580	000	0001	0511
Unclaimed Assets	Unclaimed Assets	350	610	000	0001	0518
Uniform Commercial Index Code	Uniform Comm Index Code	350	615	000	0001	0520
Uniform Commercial Index Code	Uniform Comm Index Code	350	615	000	0483	0520
Federal Government	Federal Motor Carrier Safety Admin.	350	831	028	0109	1961
Federal Government	Federal Motor Carrier Safety Admin.	350	831	028	0176	1961
Federal Government	Federal Motor Carrier Safety Admin.	350	831	028	0480	1961
Federal Government	Federal Motor Carrier Safety Admin.	350	831	028	0483	1961
Federal Government	Education, Department of	350	831	058	0470	0607
Federal Government	National Archives	350	831	063	0176	1578
Federal Government	Department of Justice	350	831	110	0480	0629
Federal Government	Transportation	350	831	180	0176	0643
Federal Monies Via Other State/ Organization	Fed. Monies via Other State or Org.	350	837	000	0470	1381
Federal Monies Via Other State/ Organization	Fed.Monies via Other State or Org.	350	837	000	0483	1381
Federal Monies via Other Illinois Agency	IEMA-US Dept of Homeland Security	350	840	005	0483	1897
Fed. Monies via Other Illinois Agency	Criminal Justice Trust Fund	350	840	488	0295	0724
Fed. Monies via Other Illinois Agency	IEMA	350	840	491	0001	0725
Fed. Monies via Other Illinois Agency	IEMA-U.S. Homeland Security	350	840	497	0295	1851
Fed. Monies via Other Illinois Agency	IEMA-FEMA	350	840	588	0001	1790
Fed. Monies via Other Illinois Agency	Vehicle Inspection Fees	350	840	973	0295	2193
Fines, Penalties or Violations	Fines/Penalty or Violations	350	843	000	0044	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	350	843	000	0483	0780
Fines, Penalties or Violations	Oklahoma Dept of Motor Vehcles	350	843	004	0295	2110
Fines, Penalties or Violations	DUI/Circuit Clerk	350	843	010	0001	1853
Fines, Penalties or Violations	DUI/Circuit Clerk	350	843	010	0758	1853
Fines, Penalties or Violations	Lost or Damaged Books	350	843	025	0471	1881
Fines, Penalties or Violations	Dealer Admin Penalties	350	843	055	0759	2467
Fines, Penalties or Violations	Delinquent Vehicle Dealer Transfer Fee	350	843	088	0109	2476
Fines, Penalties or Violations	Fines/Penalty or Violations	350	843	000	0374	0780
Fund Transfers	Common School Fund	350	846	587	0412	2360
Licenses, Fees or Registrations	Licenses/Fee or Registration	350	855	000	0044	0915
Licenses, Fees or Registrations	Sales of Vehicle or Driver Data	350	855	001	0001	1854
Licenses, Fees or Registrations	Sales of Indiv. Driving Records	350	855	002	0001	1856

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	Commercial Distribution Fee	350	855	026	0001	1861
Licenses, Fees or Registrations	Commercial Distribution Fee	350	855	026	0401	1861
Licenses, Fees or Registrations	Standard IL Identification Cards	350	855	029	0001	1980
Licenses, Fees or Registrations	Delinq.Vehicle Reg. Renew. Fee	350	855	031	0001	1979
Licenses, Fees or Registrations	Fingerprint Fees-CDL HAZMAT	350	855	036	0176	1994
Licenses, Fees or Registrations	Alternative Fuel Registration	350	855	043	0422	1504
Licenses, Fees or Registrations	Automotive Dealer Fees	350	855	048	0001	0929
Licenses, Fees or Registrations	Automotive Dealer Fees	350	855	048	0323	0929
Licenses, Fees or Registrations	Court Supervision - Circuit Clerks	350	855	054	0759	2089
Licenses, Fees or Registrations	Short Term Permit	350	855	055	0001	1844
Licenses, Fees or Registrations	Audit Fees	350	855	065	0001	1845
Licenses, Fees or Registrations	Filing Fees	350	855	071	0435	2142
Licenses, Fees or Registrations	Certificate of Title	350	855	080	0001	0933
Licenses, Fees or Registrations	Certificate of Title	350	855	080	0011	0933
Licenses, Fees or Registrations	Certificate of Title	350	833	080	0199	0933
Licenses, Fees or Registrations	Certificate of Title	350	855	080	0574	0933
Licenses, Fees or Registrations	Certificate of Title	350	855	080	0622	0933
Licenses, Fees or Registrations	Certificate of Title	350	855	080	0694	0933
Licenses, Fees or Registrations	Certificate of Title	350	855	080	0902	0933
Licenses, Fees or Registrations	Certificate of Title	350	855	080	0962	0933
Licenses, Fees or Registrations	Monitoring Device Permit Adm Fee	350	855	081	0453	2169
Licenses, Fees or Registrations	Installation Fees - BAID	350	855	082	0451	2170
Licenses, Fees or Registrations	Deposit/Retrieval of Wills Fees	350	855	099	0483	2247
Licenses, Fees or Registrations	Copy Fees	350	855	100	0471	0939
Licenses, Fees or Registrations	Expedited Service Fees	350	855	185	0363	0957
Licenses, Fees or Registrations	Hearing Fees	350	855	269	0732	1696
Licenses, Fees or Registrations	Uniform Limited Partnership	350	855	385	0001	0992
Licenses, Fees or Registrations	Limited Liability Co Act	350	855	387	0001	0994
Licenses, Fees or Registrations	Limited Liability Partner	350	855	389	0167	0995
Licenses, Fees or Registrations	Other States	350	855	443	0401	1035
Licenses, Fees or Registrations	Other States	350	855	443	0890	1035
Licenses, Fees or Registrations	Parking Fees	350	855	445	0101	1037
Licenses, Fees or Registrations	Parking Fees	350	855	445	0782	1037
Licenses, Fees or Registrations	Recycling Fees	350	855	520	0412	1060
Licenses, Fees or Registrations	Reinstate/Operators License	350	855	522	0001	1061
Licenses, Fees or Registrations	Reinstate/Operators License	350	855	522	0276	1061
Licenses, Fees or Registrations	Securities Audit & Enforce	350	855	561	0362	1068
Licenses, Fees or Registrations	Securities Audit & Enforce	350	855	561	0401	1068
Licenses, Fees or Registrations	Vehicle Inspection Fees	350	855	715	0011	1091
Licenses, Fees or Registrations	Vehicle Inspection Fees	350	855	716	0011	1416
Licenses, Fees or Registrations	Vehicle Inspection Fees	350	855	716	0902	1416
Licenses, Fees or Registrations	SOS Police Services Fees	350	855	726	0759	1802
Licenses, Fees or Registrations	ATV/Off-Hghwy Mcy:Ag Dealer-COT	350	855	903	0001	2433
Licenses, Fees or Registrations	Special Corrected-COT	350	855	904	0001	2434
Licenses, Fees or Registrations	Expedited-COT	350	855	905	0622	2436
Licenses, Fees or Registrations	Dealer Lien Release-COT	350	855	906	0001	2437
Licenses, Fees or Registrations	Low Speed Vehicle-COT	350	855	907	0001	2438
Licenses, Fees or Registrations	ATV/Off-Hghwy Mcy:Non Ag-COT	350	855	908	0001	2439
Licenses, Fees or Registrations	ATV/Off-Hghwy Mcy:Non Ag-COT	350	855	908	0574	2439
Licenses, Fees or Registrations	Sale of Provisional Title	350	855	909	0109	2513
Miscellaneous	Miscellaneous	350	861	000	0001	1121
Miscellaneous	Miscellaneous	350	861	000	0011	1121
Other Illinois State Agency	Motor Vehicle Theft Prevent	350	864	156	0295	1137
Other Illinois State Agency	DCEO	350	864	420	0295	1150
Other Illinois State Agency	IL Historic Preservation Agency	350	864	541	0295	1167
Other Illinois State Agency	IL Crimin. Justice Info. Auth.	350	864	546	0295	1168
Other Illinois State Agency	State Board of Education	350	864	586	0295	1172
Other Illinois State Agency	State Board of Elections	350	864	587	0295	1898
Outstanding Checks Written Off	Check Write Off/Go Back Fund	350	869	000	0001	1199
Private Organizations or Individuals	Private Organiza or Indiv	350	870	000	0295	1200
Private Organizations or Individuals	Private Organiza or Indiv	350	870	000	0436	1200

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Private Organizations or Individuals	Private Organiza or Indiv	350	870	000	0948	1200
Private Organizations or Individuals	Opportunity Online Hardware Grant Program	350	870	019	0295	2351
Private Organizations or Individuals	Private Org./Foundation Grant	350	870	060	0295	1871
Private Organizations or Individuals	Monetary Gifts or Bequests	350	870	065	0471	1882
Rental Income	Concession Revenue	350	876	250	0001	1222
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	350	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	350	877	000	0011	1228
Reimb. Cost incurred for Federal Govt.	Reim/Cost on Behalf of Other	350	878	150	0011	1235
Repayment to State Pursuant to Law	Returned Petty Cash Fund	350	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	350	880	600	0011	1270
Repayment to State Pursuant to Law	Restitutions	350	880	725	0295	1283
Subscription or Publication Sales	Subscription or Publication	350	888	000	0155	1289
Reimbursements	Other Reimbursements	350	890	050	0001	2103
Reimbursements	Other Reimbursements	350	890	050	0483	2103
Reimbursements	Misplaced License Plates & Stickers	350	890	065	0622	2295
State Comptroller	State Comptroller	360	000			
Burial Trust	Burial Trust	360	055	000	0001	0045
Burial Trust	Burial Trust	360	055	000	0543	0045
Cemetery Care	Cemetery Care	360	060	000	0001	0046
Cemetery Care	Cemetery Care	360	060	000	0543	0046
Cemetery Care	Pre-Need Sales	360	060	010	0096	0047
Crematory Fees	Crematory-Pre-Need Sales	360	096	000	0001	0062
Crematory Fees	Crematory-Pre-Need Sales	360	096	000	0543	0062
Escheated Warrants	Escheated Warrants	360	165	000	0485	0105
Farm Income	Farm Income	360	180	000	0441	0108
Payroll Deductions	Payroll/Comm Consolidation	360	445	000	0460	0384
Payroll Deductions	Payroll/Comm Consolidation	360	445	000	0462	0384
Reimbursement of Audits	Reimburse Audits/Local Govt	360	510	858	0112	1383
Returned Direct Deposit Items	Returned Direct Deposit	360	529	000	0200	0459
Refund FICA Contributions	Refund FICA Contributions	360	553	000	0001	2195
Social Security Contributions-Employer	S. S. Contributions-Employer	360	555	100	0204	0496
Social Security Contributions-Employees	S. S. Contribu-Employees	360	560	200	0204	0497
State Offset Claims	State Offset Claims	360	587	000	0658	0513
State Offset Claims	Local Offset Claims	360	587	010	0722	0533
IRS Tax Levy	IRS Tax Levy	360	588	000	0658	1379
Contributions to State by State Officers	Contrib State/St Officers	360	819	101	0001	0581
Fines, Penalties or Violations	Cemeteries & Burial Trust	360	843	018	0543	0785
Licenses, Fees or Registrations	Cemetery-Pre-Need Sales	360	855	062	0543	0932
Licenses, Fees or Registrations	Cemetery Pre-Need Sales	360	855	062	0001	0932
Licenses, Fees or Registrations	Pre-Need Funeral Contract Fees	360	855	092	0805	2270
Licenses, Fees or Registrations	Court Ordered Child Support	360	855	098	0543	0938
Licenses, Fees or Registrations	Copy Fees	360	855	100	0543	0939
Licenses, Fees or Registrations	Minority Contractor Opportunity Initiative Fees	360	855	136	0543	2334
Licenses, Fees or Registrations	Local Offset Claims	360	855	141	0722	2335
Licenses, Fees or Registrations	Non-Electronic Warrant Processing Fees	360	855	142	0543	2337
Licenses, Fees or Registrations	Collections/IW Fees	360	855	151	0722	2435
Licenses, Fees or Registrations	Collections/IW Fees	360	855	151	0658	2435
Licenses, Fees or Registrations	Delinquent Audit Fees	360	855	173	0543	2429
Licenses, Fees or Registrations	Funeral or Burial	360	855	181	0543	2441
Licenses, Fees or Registrations	Pre-Need Cemetery-License Renewal	360	855	182	0543	2442
Licenses, Fees or Registrations	Parking Fees	360	855	445	0101	1037
Licenses, Fees or Registrations	Parking Fees	360	855	445	0782	1037
Miscellaneous	Miscellaneous	360	861	000	0543	1121
Miscellaneous	Miscellaneous	360	861	000	0001	1121
Repayment to State Pursuant to Law	Returned Petty Cash Fund	360	880	600	0001	1270
State Treasurer	State Treasurer	370	000			

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Airport Departure Tax	Airport Departure Tax	370	027	000	0337	0032
Airport Departure Tax	Airport Departure Tax-Increase	370	027	001	0933	2302
Airport Departure Tax	Airport Departure Tax-Increase	370	027	001	0941	2302
Tobacco Settlement	Unsold State Assets	370	077	110	0733	2326
Inheritance Tax	Estate Taxes	370	300	000	0001	2384
Inheritance Tax	Estate Taxes	370	300	000	0121	2384
Inheritance Tax	Estate Taxes-Protest	370	300	005	0401	2560
Interest Earnings on Imprest Accounts	Interest/Imprest Account	370	309	000	0001	0278
Loan Repayments	Returned Collateral	370	355	020	0001	2371
Loan Repayments	Returned Collateral	370	355	020	0284	2371
Local Funds of Investment Board	Local Funds of Investment Bd	370	360	000	0529	0299
Rental Income	Rental Income	370	523	000	0331	0455
Repayment of Loan Guarantee	IL Grain Insurance Corp.	370	524	407	0001	1823
Short Term Borrowing	Short Term Borrowing	370	552	000	0001	1749
Short Term Borrowing	Short Term Borrowing	370	552	000	0278	1749
Short Term Borrowing	Short Term Borrowing	370	552	000	0345	1749
Short Term Borrowing	Short Term Borrowing	370	552	000	0793	1749
Unclaimed Assets	Unclaimed Assets	370	610	000	0001	0518
Unclaimed Assets	Unclaimed Assets	370	610	000	0054	0518
Unclaimed Assets	Unclaimed Assets	370	610	000	0482	0518
Accrued Interest on Bond Issue	Accrued Interest on Bond Sale	370	802	000	0101	0570
Accrued Interest on Bond Issue	Accrued Interest on Bond Sale	370	802	000	0105	0570
Accrued Interest on Bond Issue	Accrued Interest on Bond Sale	370	802	000	0970	0570
Accrued Interest on Bond Issue	Illinois First-Oct 99	370	802	010	0101	1606
Accrued Interest on Bond Issue	Short Term Borrowing	370	802	020	0101	1750
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0101	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0141	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0143	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0270	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0551	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0553	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0554	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0653	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0695	0571
Bond Issue Proceeds	Bond Issue Proceeds	370	803	000	0971	0571
Bond Issue Proceeds	Illinois First	370	803	010	0141	1607
Bond Issue Proceeds	Illinois First	370	803	010	0143	1607
Bond Issue Proceeds	Illinois First	370	803	010	0551	1607
Bond Issue Proceeds	Illinois First	370	803	010	0553	1607
Bond Issue Proceeds	Illinois First	370	803	010	0554	1607
Bond Issue Proceeds	Illinois First	370	803	010	0653	1607
Bond Issue Proceeds	Refunding Bond Issue Proceeds	370	803	020	0101	1800
Bond Issue Proceeds	Refunding Bond Issue Proceeds	370	803	020	0971	1800
Bond Issue Proceeds	Excess Bond Issue Proceeds	370	803	030	0101	1801
Bond Issue Proceeds	Tobacco Settlement Recovery Bond Proceeds	370	803	050	0733	2309
Bond Issue Proceeds	Capitalized Int. - Pension Bond	370	803	472	0101	1819
Tobacco Settlement Residual	Tobacco Settlement Residual	370	807	000	0733	2310
Contribution to State by State Officers	Contribution/State Officers Salaries	370	819	000	0001	1714
Fines, Penalties or Violations	Methamphetamine Fines	370	843	002	0283	2069
Fines, Penalties or Violations	Payroll Tax Penalties	370	843	090	0055	0799
Fines, Penalties or Violations	Unemployment Insurance	370	843	091	0055	0800
Fines, Penalties or Violations	Judgment Interest/U I Claim	370	843	092	0055	0801
Fines, Penalties or Violations	Department of Public Aid	370	843	478	0397	0810
Fines, Penalties or Violations	Department of Public Health	370	843	482	0397	0811
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0001	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0047	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0127	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0335	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0366	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0368	0821

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0389	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0397	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0409	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0445	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0528	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0532	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0572	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0665	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0744	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0865	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0878	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0906	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0929	0821
Fines, Penalties or Violations	Circuit Clerk	370	843	910	0934	0821
Fines, Penalties or Violations	Surcharge/Traffic/Criminal	370	843	930	0031	0824
Fines, Penalties or Violations	Surcharge/Traffic/Criminal	370	843	930	0356	0824
Fines, Penalties or Violations	Surcharge/Traffic/Criminal	370	843	930	0536	0824
Fines, Penalties or Violations	Surcharge/Traffic/Criminal	370	843	930	0879	0824
Fund Transfers	Build IL Escrow Account	370	846	010	0001	1680
Fund Transfers	Metro Pier & Expo Auth Trust	370	846	337	0377	0853
Fund Transfers	Protest Fund	370	846	401	0001	2264
Fund Transfers	State Employees Retirement Sys.	370	846	479	0101	1982
Investment Income	Investment Income	370	852	000	0001	0870
Investment Income	Investment Income	370	852	000	0014	0870
Investment Income	Investment Income	370	852	000	0022	0870
Investment Income	Investment Income	370	852	000	0025	0870
Investment Income	Investment Income	370	852	000	0041	0870
Investment Income	Investment Income	370	852	000	0042	0870
Investment Income	Investment Income	370	852	000	0052	0870
Investment Income	Investment Income	370	852	000	0057	0870
Investment Income	Investment Income	370	852	000	0062	0870
Investment Income	Investment Income	370	852	000	0067	0870
Investment Income	Investment Income	370	852	000	0068	0870
Investment Income	Investment Income	370	852	000	0072	0870
Investment Income	Investment Income	370	852	000	0073	0870
Investment Income	Investment Income	370	852	000	0075	0870
Investment Income	Investment Income	370	852	000	0084	0870
Investment Income	Investment Income	370	852	000	0088	0870
Investment Income	Investment Income	370	852	000	0091	0870
Investment Income	Investment Income	370	852	000	0093	0870
Investment Income	Investment Income	370	852	000	0096	0870
Investment Income	Investment Income	370	852	000	0103	0870
Investment Income	Investment Income	370	852	000	0117	0870
Investment Income	Investment Income	370	852	000	0120	0870
Investment Income	Investment Income	370	852	000	0123	0870
Investment Income	Investment Income	370	852	000	0125	0870
Investment Income	Investment Income	370	852	000	0136	0870
Investment Income	Investment Income	370	852	000	0137	0870
Investment Income	Investment Income	370	852	000	0138	0870
Investment Income	Investment Income	370	852	000	0139	0870
Investment Income	Investment Income	370	852	000	0142	0870
Investment Income	Investment Income	370	852	000	0145	0870
Investment Income	Investment Income	370	852	000	0146	0870
Investment Income	Investment Income	370	852	000	0147	0870
Investment Income	Investment Income	370	852	000	0148	0870
Investment Income	Investment Income	370	852	000	0151	0870
Investment Income	Investment Income	370	852	000	0154	0870
Investment Income	Investment Income	370	852	000	0156	0870
Investment Income	Investment Income	370	852	000	0158	0870
Investment Income	Investment Income	370	852	000	0166	0870
Investment Income	Investment Income	370	852	000	0179	0870

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Investment Income	Investment Income	370	852	000	0793	0870
Investment Income	Investment Income	370	852	000	0795	0870
Investment Income	Investment Income	370	852	000	0796	0870
Investment Income	Investment Income	370	852	000	0801	0870
Investment Income	Investment Income	370	852	000	0802	0870
Investment Income	Investment Income	370	852	000	0812	0870
Investment Income	Investment Income	370	852	000	0817	0870
Investment Income	Investment Income	370	852	000	0823	0870
Investment Income	Investment Income	370	852	000	0833	0870
Investment Income	Investment Income	370	852	000	0841	0870
Investment Income	Investment Income	370	852	000	0850	0870
Investment Income	Investment Income	370	852	000	0868	0870
Investment Income	Investment Income	370	852	000	0869	0870
Investment Income	Investment Income	370	852	000	0882	0870
Investment Income	Investment Income	370	852	000	0888	0870
Investment Income	Investment Income	370	852	000	0895	0870
Investment Income	Investment Income	370	852	000	0899	0870
Investment Income	Investment Income	370	852	000	0900	0870
Investment Income	Investment Income	370	852	000	0902	0870
Investment Income	Investment Income	370	852	000	0904	0870
Investment Income	Investment Income	370	852	000	0907	0870
Investment Income	Investment Income	370	852	000	0913	0870
Investment Income	Investment Income	370	852	000	0929	0870
Investment Income	Investment Income	370	852	000	0932	0870
Investment Income	Investment Income	370	852	000	0934	0870
Investment Income	Investment Income	370	852	000	0936	0870
Investment Income	Investment Income	370	852	000	0938	0870
Investment Income	Investment Income	370	852	000	0940	0870
Investment Income	Investment Income	370	852	000	0942	0870
Investment Income	Investment Income	370	852	000	0943	0870
Investment Income	Investment Income	370	852	000	0953	0870
Investment Income	Investment Income	370	852	000	0954	0870
Investment Income	Investment Income	370	852	000	0960	0870
Investment Income	Investment Income	370	852	000	0970	0870
Investment Income	Investment Income	370	852	000	0973	0870
Investment Income	Investment Income	370	852	000	0974	0870
Investment Income	Investment Income	370	852	000	0975	0870
Investment Income	Investment Income	370	852	000	0978	0870
Investment Income	Investment Income	370	852	000	0982	0870
Investment Income	Investment Income	370	852	000	0993	0870
Investment Income	Investment Income	370	852	000	0994	0870
Investment Income	Investment Income	370	852	000	0996	0870
Investment Income	Road Fund Interest	370	852	005	0011	0871
Investment Income	Road Fund Interest	370	852	005	0849	0871
Investment Income	Toll Hwy Revenue Repo Interest	370	852	010	0455	2018
Investment Income	Crt Court Order # 83Ch942	370	852	015	0801	0873
Investment Income	Int/GO Debt Service Fund	370	852	020	0101	0874
Investment Income	TH General FHLMC Notes	370	852	021	0455	2267
Investment Income	G.O. Escrow Account	370	852	030	0101	1396
Investment Income	TH General FHLB Notes	370	852	031	0455	2265
Investment Income	IL Funds MMF ISTHA - General	370	852	040	0455	2094
Investment Income	IL Funds Toll Highway E-Pay Clearing	370	852	046	0455	2216
Investment Income	Toll Hwy I-Pass Escro Repo Int	370	852	050	0455	2024
Investment Income	Repurchase Agreements	370	852	060	0055	0881
Investment Income	Repurchase Agreements-Reg	370	852	060	0001	0881
Investment Income	Repurchase Agreements-Reg	370	852	060	0455	0881
Investment Income	Repurchase Agreements-Reg	370	852	060	0733	0881
Investment Income	Escrow Interest Income	370	852	061	0455	1534
Investment Income	Toll Hwy Invst Repo Interest	370	852	065	0455	2020
Investment Income	Toll Hwy General Repo Interest	370	852	070	0455	2022
Investment Income	Toll Hwy Clearing Repo Interest	370	852	080	0455	2026

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Investment Income	Toll Hwy Revenue PFIC Interest	370	852	095	0455	2019
Investment Income	Illinois Funds ACH Settlement	370	852	099	0001	1561
Investment Income	FHLB Notes - ISTHA	370	852	100	0455	2099
Investment Income	TH General FNMA Notes	370	852	106	0455	2266
Investment Income	Time Deposits-Regular	370	852	110	0001	0884
Investment Income	Time Deposits-Regular	370	852	110	0455	0884
Investment Income	Fed Farm Credit Bank Note	370	852	113	0001	1356
Investment Income	Fed Farm Credit Disc Note	370	852	114	0001	1357
Investment Income	Fed Farm Credit Disc Note	370	852	114	0455	1357
Investment Income	Treasury Investments	370	852	115	0001	0885
Investment Income	Treasury Investment	370	852	115	0455	0885
Investment Income	Fed. Home Loan Bank Note	370	852	116	0001	1358
Investment Income	Fed Home Loan Bank Note	370	852	117	0001	1359
Investment Income	Fed Home Loan Bank Note	370	852	117	0455	1359
Investment Income	Fed Home Loan Bank Note	370	852	117	0733	1359
Investment Income	Fed Home Loan Mort Corp Note	370	852	118	0001	1360
Investment Income	Fed Home Loan Mort Corp Disc	370	852	119	0001	1361
Investment Income	Fed Home Loan Mort Corp Disc	370	852	119	0455	1361
Investment Income	Fed Home Loan Mort Corp Disc	370	852	119	0733	1361
Investment Income	SBA-FHLMC Investment	370	852	120	0001	0886
Investment Income	Federated Money Market Fund	370	852	123	0001	0889
Investment Income	F.N.M.A. Debentures	370	852	125	0001	0890
Investment Income	FNMA Discount Note	370	852	126	0001	1458
Investment Income	FNMA Discount Note	370	852	126	0455	1458
Investment Income	FNMA Discount Note	370	852	126	0733	1458
Investment Income	Farmer MAC Account	370	852	127	0001	2214
Investment Income	IL Mortgage Pilot Program	370	852	130	0001	0895
Investment Income	Northern Government MMF	370	852	131	0001	1824
Investment Income	Commercial Instruments	370	852	140	0001	0899
Investment Income	Morgan Stanley Institutional Liquid	370	852	141	0001	2431
Investment Income	AIM Institutional Funds Money Market	370	852	142	0001	2180
Investment Income	Western Asset/Treasury Curve MMF	370	852	143	0001	2210
Investment Income	ISTHA Clearing Trust Trsry. Plus	370	852	145	0455	2032
Investment Income	US Treasury Notes	370	852	146	0001	0900
Investment Income	US Treasury Notes	370	852	146	0455	0900
Investment Income	Supranational Bank Bonds	370	852	147	0001	2523
Investment Income	Williams Capital MMF	370	852	148	0001	2175
Investment Income	Supranational Bank Discounts	370	852	149	0001	2547
Investment Income	Public Investment Pool-Reg	370	852	150	0001	0901
Investment Income	Public Investment Pool-Reg	370	852	150	0069	0901
Investment Income	Public Investment Pool-Reg	370	852	150	0153	0901
Investment Income	Public Investment Pool-Reg	370	852	150	0390	0901
Investment Income	IL Funds-Toll Highway Escrow	370	852	150	0455	0901
Investment Income	Public Investment Pool-Reg	370	852	150	0557	0901
Investment Income	Public Investment Pool-Reg	370	852	150	0668	0901
Investment Income	Public Investment Pool-Reg	370	852	150	0943	0901
Investment Income	IPTIP UC Special Admin.	370	852	151	0055	1481
Investment Income	INB IDOR Lockbox MMF Sweep Income	370	852	152	0001	2548
Investment Income	INB Clearing Money Market	370	852	154	0001	1648
Investment Income	IL Funds Clearing MMF	370	852	155	0001	1692
Investment Income	Child Support Clearing	370	852	157	0001	0902
Investment Income	Milestone Money Market Fund	370	852	158	0001	0903
Investment Income	Repurchase/Interest-Clearing	370	852	160	0001	0904
Investment Income	Northern Govt. Select MMF	370	852	163	0001	1825
Investment Income	IL Funds - Child Support E-Pay	370	852	164	0001	2087
Investment Income	FHLMC Toll Highway I-Pass Escrow	370	852	165	0455	2108
Investment Income	Farmer Mac Discount Notes	370	852	166	0001	2549
Investment Income	INB-Medical Cannabis Cash	370	852	167	0001	2550
Investment Income	INB-DHS Lockbox MMF Sweep	370	852	168	0001	2554
Investment Income	Municipal Bonds Interest	370	852	169	0001	2563
Investment Income	Time Deposit Interest-Clear	370	852	170	0001	0905

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Investment Income	IL Tech Development II Account	370	852	171	0001	2564
Investment Income	Northern Trust-Williams Capital Shares	370	852	172	0001	2570
Investment Income	Corporate Bonds	370	852	173	0001	2584
Investment Income	MMF Sweep IDOR E-Pay	370	852	174	0001	2594
Investment Income	IDOR E-Pay Account	370	852	176	0001	2213
Investment Income	FNMA Note-Toll Highway I-Pass Escrow	370	852	175	0455	2109
Investment Income	MMF Sweep SOS E-Pay	370	852	177	0001	2595
Investment Income	IL Funds - IDFP E-Pay	370	852	178	0001	2091
Investment Income	MMF Sweep Treasurer's E-Pay	370	852	179	0001	2596
Investment Income	MMF Sweep IDFP E-Pay	370	852	181	0001	2597
Investment Income	ISTHA E-Pay Sweep	370	852	182	0001	2598
Investment Income	MM-Reg-Ext Inv Mngr Muni Bonds	370	852	183	0001	2599
Investment Income	MM-Reg-Ext Inv Mngr Corp Bonds	370	852	184	0001	2600
Investment Income	MM-Reg-Treas Muni & Corp Bonds	370	852	186	0001	2601
Investment Income	Muni Bond Int-Ext Inv Manager	370	852	187	0001	2602
Investment Income	Corp Bond Int-Ext Inv Manager	370	852	188	0001	2603
Investment Income	EBT Funds	370	852	190	0001	1363
Investment Income	Wells Fargo Treasury Plus Fund	370	852	200	0001	2005
Investment Income	State of Israel Bonds-Interest	370	852	215	0001	1783
Investment Income	Farm Credit Bank Bonds	370	852	216	0001	0907
Investment Income	Civic Center Bond Proceeds	370	852	217	0001	0908
Investment Income	IL FUnds-Civic Cntr. Bonds 1991	370	852	218	0001	1874
Investment Income	FFCB Placement (LT)	370	852	220	0001	1698
Investment Income	BOA Toll Hghwy-General Repurchase Agrmnt	370	852	250	0455	2239
Investment Income	Fifth Third Clearing Repo	370	852	260	0001	2235
Investment Income	Wells Fargo EFT CLG-Repurchase Sweep Int	370	852	265	0001	2298
Investment Income	JP Morgan Sweep Repurchase Agreement	370	852	270	0001	2317
Investment Income	Fifth Third Child Support Clearing Repos	370	852	275	0001	2545
Investment Income	Student Loan Market Assoc. Note	370	852	350	0001	1575
Investment Income	BOA Toll Hghwy-Revenue Reprchs Agrmemnt	370	852	351	0455	2240
Investment Income	IL Tech Development Account	370	852	397	0001	1969
Investment Income	Grant Accountability/Transpncy	370	852	407	0001	2576
Investment Income	IL Funds - SOS E-Pay	370	852	440	0001	2080
Investment Income	IL Funds MMF - E-Pay Account	370	852	446	0001	1884
Investment Income	AIM Treasury Curve Clearing MMF	370	852	447	0001	2538
Investment Income	BOA Toll Hghwy-I-Pass Escrow Clearing -Repo Agrmnt	370	852	450	0455	2241
Investment Income	FDIC Guarantee Notes	370	852	550	0001	2173
Investment Income	BOA Toll Hghwy-Clearing Repurchase Agrmnt	370	852	554	0455	2242
Investment Income	Goldman Sachs MM Treasury Curve	370	852	551	0001	2150
Investment Income	Transportation Bond Series A	370	852	553	0011	0910
Investment Income	AIM/Treasury Curve MMF	370	852	555	0001	2211
Investment Income	Williams Capital/Treasury Curve MMF	370	852	557	0001	2212
Investment Income	Real Estate Recovery Fund	370	852	629	0849	0911
Investment Income	Real Estate Recovery Fund	370	852	629	0850	0911
Investment Income	Budget Stabilization Fund	370	852	686	0001	1693
Investment Income	State Lottery Fund	370	852	711	0412	0912
Investment Income	University Payroll/IPTIP	370	852	850	0001	1440
Investment Income	P.A. Child Suprt Enforc Repurch	370	852	956	0001	2484
Investment Income	Child Support Enforce Fund	370	852	957	0001	0914
Licenses, Fees or Registrations	Licenses, Fees or Registrations	370	855	000	0358	0915
Licenses, Fees or Registrations	Licenses, Fees or Registrations	370	855	000	0668	0915
Licenses, Fees or Registrations	Licenses, Fees or Registrations	370	855	000	0769	0915
Licenses, Fees or Registrations	Sex Offender Registration Fees	370	855	024	0527	1950
Licenses, Fees or Registrations	Bright Directions Fees	370	855	046	0668	2036
Licenses, Fees or Registrations	Mandatory Arbitration/Madison	370	855	064	0262	2107
Licenses, Fees or Registrations	Marriage License Fees	370	855	072	0499	2146
Licenses, Fees or Registrations	Mandatory Arbitration/Boone	370	855	401	0262	1002
Licenses, Fees or Registrations	Mandatory Arbitration/Cook	370	855	403	0262	1004
Licenses, Fees or Registrations	Mandatory Arbitration/Lake	370	855	404	0262	1005

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	Mandatory Arb/Winnebago	370	855	406	0262	1006
Licenses, Fees or Registrations	Mandatory Arbitration/DuPage	370	855	407	0262	1007
Licenses, Fees or Registrations	Mandatory Arbitra/St.Clair	370	855	408	0262	1008
Licenses, Fees or Registrations	Mandatory Arbitrat/McHenry	370	855	411	0262	1010
Licenses, Fees or Registrations	Mandatory Arbitration/Kane	370	855	413	0262	1012
Licenses, Fees or Registrations	Mandatory Arbitration/Will	370	855	414	0262	1013
Licenses, Fees or Registrations	Mandatory Arbitration/Henry	370	855	451	0262	1617
Licenses, Fees or Registrations	Mandatory Arbitration/Mercer	370	855	452	0262	1618
Licenses, Fees or Registrations	Mandatory Arbitration/Rock Island	370	855	453	0262	1619
Licenses, Fees or Registrations	Mandatory Arbitration/Whiteside	370	855	454	0262	1620
Licenses, Fees or Registrations	IPTIP	370	855	493	0195	1052
Licenses, Fees or Registrations	Mandatory Arbitration/Ford County	370	855	802	0262	1099
Licenses, Fees or Registrations	Mandatory Arbitr./McLean County	370	855	812	0262	1100
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0030	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0035	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0119	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0166	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0297	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0547	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0697	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0714	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0784	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0817	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0891	1452
Licenses, Fees or Registrations	Circuit Clerk Collections	370	855	910	0892	1452
Licenses, Fees or Registrations	Circuit Clerk Collections-Admn Fees	370	855	911	0103	2529
Miscellaneous	Miscellaneous	370	861	000	0001	1121
Miscellaneous	Miscellaneous	370	861	000	0054	1121
Miscellaneous	Miscellaneous	370	861	000	0373	1121
Miscellaneous	Miscellaneous	370	861	000	0455	1121
Miscellaneous	Miscellaneous	370	861	000	0482	1121
Other Illinois State Agency	Board of Higher Education	370	864	601	0668	1621
Private Organizations or Individuals	Private Organizations or Individuals	370	870	000	0001	1200
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	370	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	370	877	000	0195	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	370	877	000	0668	1228
Repayment to State Pursuant to Law	Repayment Pursuant to Law	370	880	000	0001	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	370	880	000	0054	1243
Repayment to State Pursuant to Law	G.O. Bond Escrow	370	880	045	0101	1704
Repayment to State Pursuant to Law	MPEA Trust Fund-Surplus Revenues	370	880	130	0001	2540
Repayment to State Pursuant to Law	Returned Petty Cash Fund	370	880	600	0001	1270
Sale of State Assets	Sale of Thomson Correctional Center	370	881	300	0141	2418
Sale of State Assets	Sale of Thomson Correctional Center	370	881	300	0553	2418
Sale of State Assets	Sale of Thomson Correctional Center	370	881	300	0554	2418
Sale of State Assets	Sale of Thomson Correctional Center	370	881	300	0695	2418
Department on Aging	Dept. on Aging	402	000			
Federal Government	Agriculture, Department of	402	831	010	0618	0594
Federal Government	Health and Human Services	402	831	075	0618	0618
Federal Government	Labor,Department of	402	831	120	0618	0630
Federal Government	Health and Human Services	402	831	075	0396	0618
Fed Monies Via Other Illinois Agency	DHS-USDA Food Nutrition Service	402	840	409	0830	2120
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Agriculture	402	840	410	0618	0721
Fed Monies Via Other Illinois Agency	Dept of Public Health	402	840	413	0698	2316
Federal Program Income	Grantee Interest Income	402	841	150	0618	0760
Local Illinois Governmental Un	RTA CTA METRA and PACE	402	858	065	0830	2389
Miscellaneous	Miscellaneous	402	861	000	0618	1121
Miscellaneous	Miscellaneous	402	861	000	0001	1121

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Other Illinois State Agency	General Revenue Fund	402	864	001	0830	1128
Other Illinois State Agency	CMS	402	864	416	0830	1148
Other Illinois State Agency	Public Aid	402	864	478	0830	1158
Other Illinois State Agency	Criminal Justice Info. Auth.	402	864	546	0830	1168
Other Illinois State Agency	Housing Development Authority	402	864	551	0830	1746
Other Illinois State Agency	Tobacco Settlement Fund	402	864	733	0830	1754
Private Organizations or Individuals	Private Org. or Indiv.	402	870	000	0830	1200
Repayment to State Pursuant to Law	Returned Petty Cash Fund	402	880	600	0001	1270
Repayment to State Pursuant to Law	Restitutions	402	880	725	0001	1283
Department of Agriculture	Dept. of Agriculture	406	000			
Agriculture Industry Regulation	Agriculture Industry Reg	406	100	000	0001	0063
DuQuoin State Fair	DuQuoin Space Rentals/Fair	406	145	000	0045	0088
DuQuoin State Fair	DuQuoin-Non-Fair Activities	406	145	450	0045	0093
Loan Repayments	Loan Repayments	406	355	000	0826	0295
Meat Poultry and Livestock	Meat Poultry Livestock	406	390	000	0001	0311
State Fair Operations	Space Rentals/Fair	406	575	000	0438	0502
State Fair Operations	Non-Fair Activity Fee	406	575	250	0438	0510
Federal Government	Agriculture, Department of	406	831	010	0369	0594
Federal Government	Agriculture, Department of	406	831	010	0439	0594
Federal Government	Agriculture, Department of	406	831	010	0440	0594
Federal Government	Agriculture, Department of	406	831	010	0476	0594
Federal Government	Agriculture, Department of	406	831	010	0651	0594
Federal Government	Agriculture, Department of	406	831	010	0826	0594
Federal Government	Environmental Protection Agency	406	831	060	0063	0608
Federal Government	Environmental Protection Agency	406	831	060	0689	0608
Fed Monies Via Other Illinois Agency	U.S. Environmental Protection	406	840	065	0826	0708
Fines, Penalties or Violations	Fines/Penalty or Violations	406	843	000	0288	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	406	843	000	0289	0780
Fines, Penalties or Violations	Interest on Late Filing Fees	406	843	063	0163	0795
Fines, Penalties or Violations	Circuit Clerk	406	843	910	0744	0821
Fund Transfers	General Revenue Fund	406	846	001	0045	0827
Fund Transfers	General Revenue Fund	406	846	001	0602	0827
Fund Transfers	Agricultural Premium	406	846	045	0602	1532
Fund Transfers	Capital Development Bond	406	846	141	0609	1471
Fund Transfers	Partners for Conservation Fund	406	846	608	0602	2413
Licenses, Fees or Registrations	Grain Warehousing License Fees	406	855	019	0291	1850
Licenses, Fees or Registrations	Comm Feed Manufact & Dist	406	855	096	0369	0936
Licenses, Fees or Registrations	Med Cannabis Cultvion Ctr Reg	406	855	197	0075	2503
Licenses, Fees or Registrations	Late Filing Fees	406	855	225	0631	0964
Licenses, Fees or Registrations	Late Filing Fees	406	855	225	0708	0964
Licenses, Fees or Registrations	Late Filing Fees	406	855	225	0709	0964
Licenses, Fees or Registrations	Fertilizer Inspection Fund	406	855	242	0290	0969
Licenses, Fees or Registrations	Laboratory Fees	406	855	355	0024	0989
Licenses, Fees or Registrations	Livestock Management Fees	406	855	394	0430	1366
Licenses, Fees or Registrations	Pesticide Products	406	855	465	0001	1040
Licenses, Fees or Registrations	Pesticide Products	406	855	465	0576	1040
Licenses, Fees or Registrations	Weights & Measures Act	406	855	735	0163	1098
Miscellaneous	Miscellaneous	406	861	000	0001	1121
Other Illinois State Agency	Other Illinois State Agency	406	864	000	0864	1127
Other Illinois State Agency	Community Investment Portfolio	406	864	422	0826	0906
Other Illinois State Agency	State Board of Education	406	864	586	0523	1172
Other States	Other States	406	867	000	0826	1194
Private Organizations or Individuals	Private Organiza or Indiv	406	870	000	0440	1200
Private Organizations or Individuals	Private Organiza or Indiv	406	870	000	0651	1200
Private Organizations or Individuals	IL State Fair/Springfield	406	870	030	0835	1614
Private Organizations or Individuals	IL State Fair/DuQuoin	406	870	035	0835	1615
Repayment to State Pursuant to Law	Returned Petty Cash Fund	406	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	406	880	600	0045	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	406	880	600	0708	1270
AgriFIRST Grant Repayment	AgriFIRST Grant Repayment	406	887	005	0754	1949

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Dept. of Central Management Services	Central Management Services	416	000			
Carrier Refunds	Carrier Refunds	416	133	020	0457	0072
Carrier Refunds	Carrier Refunds	416	133	020	0907	0072
Group Insurance Premium	Insurance Premium-Employees	416	233	100	0457	0118
Group Insurance Premium	Insurance Prem-Self Insure	416	233	100	0907	0118
Group Insurance Premium	Ins Premium-Local Government	416	233	150	0193	0119
Group Insurance Premium	Ins Prem-Optional Life	416	233	200	0457	0120
Group Insurance Premium	Ins Premium-HMO	416	233	200	0907	0120
Group Insurance Premium	Ins Prem-Optional Life/Univ	416	233	300	0457	0121
Group Insurance Premium	Insurance Premium-Dental	416	233	300	0907	0121
Group Insurance Premium	SURS Member Payment	416	233	600	0577	1550
Group Insurance Premium Reimbursement	Ins Premium Reim-Employers	416	234	200	0457	0124
Health Facilities	Health Fac-Life/Health	416	235	000	0457	0125
Health Facilities	Health Fac-Life/Health	416	235	000	0907	0125
Illinois Century Network	Illinois Century Network	416	285	000	0312	1958
Optional Health Ins.-Payroll Deductions	Optional Health-Admin. Ser. Org	416	426	050	0907	0346
Optional Health Ins.-Payroll Deductions	Optional Health-HMO	416	426	060	0907	0347
Optional Health Ins.-Payroll Deductions	Optional Health-Dental	416	426	065	0907	0348
Optional Health Ins.-Payroll Deductions	Optional Health-Univ/Local SI	416	426	070	0907	0349
Optional Health Ins.-Payroll Deductions	Optional Health-Univ/Local	416	426	075	0907	0350
Optional Health Ins.-Payroll Deductions	Optional Health-Univ/Local HMO	416	426	080	0907	0351
Optional Health Ins.-Payroll Deductions	Optional Health-Retirement SI	416	426	090	0907	0352
Optional Health Ins.-Payroll Deductions	Optional Health-Retire/Dental	416	426	095	0907	0353
Optional Health Ins.-Payroll Deductions	Optional Health-Retirement HMO	416	426	100	0907	0354
Optional Health Ins.-Payroll Deductions	QC Health-Non IRS Dependents (PY)	416	426	200	0907	2200
Optional Health Ins.-Payroll Deductions	HMO-Non IRS Dependents (PY)	416	426	205	0907	2201
Optional Health Ins.-Payroll Deductions	QC Dental-Non IRS Dependents (PY)	416	426	210	0907	2202
Optional Health Ins.-Payroll Deductions	QC Health-Non IRS Dependents (RE)	416	426	215	0907	2203
Optional Health Ins.-Payroll Deductions	HMO-Non IRS Dependents (RE)	416	426	220	0907	2204
Optional Health Ins.-Payroll Deductions	QC Dental-Non IRS Dependents (RE)	416	426	225	0907	2205
Optional Health Ins.-Payroll Deductions	Dental-Univ/Local Non IRS Dependents	416	426	230	0907	2206
Optional Health Ins.-Payroll Deductions	ASO/QC-Univ/Local Non IRS Dependents	416	426	235	0907	2207
Optional Health Ins.-Payroll Deductions	HMO-Univ/Local Non IRS Dependents	416	426	240	0907	2208
Optional Health Ins.-Payroll Deductions	PT Opt-Out Union Employee Ins. Premiums	416	426	245	0907	2567
Optional Life Insurance	Optional Life Ins-Retirement	416	428	100	0457	0356
Payroll Deductions	Payroll/Comm Consolidation	416	445	000	0755	0384
Payroll Deductions	Consolidation/Dependent Care	416	445	050	0202	0387
Payroll Deductions	Consolidation/Med Care Plan	416	445	075	0202	0388
Payroll Deductions	Consolidate/Univ Depend Care	416	445	100	0202	0389
Payroll Deductions	Consolidation/Univ-Med Assis	416	445	125	0202	0390
Payroll Deductions	Commuting Expense	416	445	200	0202	1673
Payroll Deductions	Parking Expense	416	445	250	0202	1674
Payroll Deductions	Payroll/Comm Consolidation - Roth	416	445	300	0755	2521
Public Utility Tax	Wireless 911 Surcharge	416	480	650	0612	1635
Public Utility Tax	Wireless 911 Surcharge	416	480	650	0613	1635
Reimbursement From Third Party Payee	Reimbursement/Third Party	416	522	000	0193	0454
Rental Income	Rental Income	416	523	000	0314	0455
Sale of Land	Sale of Land & Structures	416	540	000	0001	0471
Workers Comp. Reimbursements	Workers Comp Reimbursements	416	680	001	0332	0530
Benefit Distribution	Bene Dist:Annuity Purchase	416	800	201	0755	0568
Benefit Distribution	Bene Dist:Trans Other Govt	416	800	215	0755	0569
Court & Anti-Trust Distributions	Court Disputed Retiree Hlth Insurance Prem	416	820	015	0234	2443
Federal Government	Federal Government	416	831	000	0303	1748
Federal Government	Federal Government	416	831	000	0304	1748
Federal Government	Federal Government	416	831	000	0312	1748
Federal Government	Federal Government	416	831	000	0314	1748
Federal Government	Federal Government	416	831	000	0903	1748
Federal Government	Medicare Part D	416	831	031	0193	2104
Federal Government	Medicare Part D	416	831	031	0577	2104

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	Medicare Part D	416	831	031	0907	2104
Federal Government	Emergency Management Agency	416	831	068	0001	0613
Federal Government	Federal Government - ICN	416	831	736	0312	1956
Federal Government	Federal Stimulus Package	416	831	999	0312	2178
Federal Government	Federal Stimulus Package	416	831	999	0907	2178
Fed Monies Via Other Illinois Agency	Via Other II State Agency	416	840	000	0457	0702
Fed Monies Via Other Illinois Agency	Self Insurance	416	840	100	0907	0713
Fed Monies Via Other Illinois Agency	IL Emergency Management Agency	416	840	588	0303	1790
Fed Monies Via Other Illinois Agency	IL Emergency Management Agency	416	840	588	0304	1790
Fed Monies Via Other Illinois Agency	IL Emergency Management Agency	416	840	588	0312	1790
Fed Monies Via Other Illinois Agency	IL Emergency Management Agency	416	840	588	0314	1790
Fed Monies Via Other Illinois Agency	IL Emergency Management Agency	416	840	588	0332	1790
Fund Transfers	General Revenue Fund	416	846	001	0577	0827
Fund Transfers	General Revenue Fund	416	846	001	0457	0827
Fund Transfers	General Revenue Fund	416	846	001	0907	0827
Fund Transfers	Road Fund	416	846	011	0457	0829
Fund Transfers	Road Fund	416	846	011	0907	0829
Fund Transfers	Health Insurance Reserve Fund	416	846	907	0011	0851
Investment Income	Deferred Comp Prime Reserve	416	852	034	0755	0875
Licenses, Fees or Registrations	Investment Exchange	416	855	004	0755	0916
Licenses, Fees or Registrations	Annual Asset Charge	416	855	201	0755	0960
Licenses, Fees or Registrations	Subpoena/Witness Fees	416	855	587	0317	1079
Local Illinois Governmental Units	Local Illinois Governmental Units	416	858	000	0303	1114
Local Illinois Governmental Units	Local Illinois Governmental Units	416	858	000	0304	1114
Local Illinois Governmental Units	Local Illinois Governmental Units	416	858	000	0312	1114
Local Illinois Governmental Units	Local Illinois Governmental Units	416	858	000	0314	1114
Local Illinois Governmental Units	Local Illinois Governmental Units	416	858	000	0903	1114
Local Illinois Governmental Units	Property Sales, Cities, Counties	416	858	020	0903	1116
Local Illinois Governmental Units	Sch Dist Fed Property Sale	416	858	040	0903	1119
Local Illinois Governmental Units	Prop Sales (Fed) City/County	416	858	070	0903	2517
Local Illinois Governmental Units	Participant Transfers	416	858	200	0755	1369
Local Illinois Governmental Units	Participant Transfers - Roth	416	858	300	0755	2522
Miscellaneous	Miscellaneous	416	861	000	0001	1121
Miscellaneous	Miscellaneous	416	861	000	0303	1121
Miscellaneous	Miscellaneous	416	861	000	0304	1121
Miscellaneous	Miscellaneous	416	861	000	0312	1121
Miscellaneous	Miscellaneous	416	861	000	0314	1121
Miscellaneous	Miscellaneous	416	861	000	0332	1121
Miscellaneous	Miscellaneous - ICN	416	861	736	0312	1957
Other Illinois State Agency	Other IL State Agencies	416	864	000	0001	1127
Other Illinois State Agency	Other IL State Agencies	416	864	000	0303	1127
Other Illinois State Agency	Other IL State Agencies	416	864	000	0304	1127
Other Illinois State Agency	Other IL State Agencies	416	864	000	0312	1127
Other Illinois State Agency	Other IL State Agencies	416	864	000	0314	1127
Other Illinois State Agency	Other IL State Agencies	416	864	000	0317	1127
Other Illinois State Agency	Other IL State Agencies	416	864	000	0457	1127
Other Illinois State Agency	Other IL State Agencies	416	864	000	0903	1127
Other Illinois State Agency	Other IL State Agencies	416	864	000	0907	1127
Other Illinois State Agency	Self Insurance	416	864	100	0457	1370
Other Illinois State Agency	Self Insurance	416	864	100	0907	1370
Other Illinois State Agency	Other State Agencies - ICN	416	864	736	0312	1959
Other Income	Other Income	416	865	000	0755	1191
Private Organizations or Individuals	Private Organiza or Indiv	416	870	000	0001	1200
Private Organizations or Individuals	Private Organiza or Indiv	416	870	000	0011	1200
Private Organizations or Individuals	Private Organiza or Indiv	416	870	000	0303	1200
Private Organizations or Individuals	Private Org. or Individuals	416	870	000	0304	1200
Private Organizations or Individuals	Private Organiza or Indiv	416	870	000	0312	1200
Private Organizations or Individuals	Private Organiza or Indiv	416	870	000	0314	1200
Private Organizations or Individuals	State Property Sales	416	870	010	0246	1201
Private Organizations or Individuals	State Property Sales	416	870	010	0328	1201
Private Organizations or Individuals	State Property Sales	416	870	010	0903	1201

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Private Organizations or Individuals	Admin Reimbursements	416	870	015	0903	1202
Private Organizations or Individuals	Federal Property Sales	416	870	016	0903	1542
Private Organizations or Individuals	Private Org. or Individuals - ICN	416	870	736	0312	1955
Rental Income	Building and Space Rentals	416	876	200	0001	1221
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	416	877	000	0755	1228
Repay State - Upward Mobility	Repay State - Upward Mobility	416	884	000	0001	1855
Reimbursements	Plan Record Keeper Reimbursement	416	890	055	0755	2136
Dept. of Children and Family Services	Children & Family Services	418	000			
Child Welfare	Child Welfare	418	065	000	0001	0048
Child Welfare	Child Welfare	418	065	000	0220	0048
Parent Contrib./ Care & Maintenance of Children	Parent Contrib/Care of Child	418	427	000	0001	0355
Federal Government	DHHS-Chafee Award	418	831	071	0220	2118
Federal Government	Health and Human Services	418	831	075	0220	0618
Federal Government	Health and Human Services	418	831	075	0566	0618
Federal Government	Health and Human Services	418	831	077	0220	0620
Federal Government	Federal Stimulus Package	418	831	999	0220	2178
Federal Monies Via Other State/ Organization	Fed. Monies Via Other State or Org.	418	837	000	0566	1381
Fed Monies Via Other Illinois Agency	U.S. Public Health Services	418	840	063	0566	0707
Fed Monies Via Other Illinois Agency	Special Purpose Trust Fund	418	840	408	0566	0720
License, Fees or Registrations	Putative Father Registry Fees	418	855	061	0582	2105
License, Fees or Registrations	Training Education Fees	418	855	075	0220	2038
License, Fees or Registrations	Copy Fees	418	855	100	0001	0939
License, Fees or Registrations	Subpoena Fees	418	855	587	0001	1079
License, Fees or Registrations	Training Fees	418	855	633	0220	1713
Miscellaneous	Miscellaneous	418	861	000	0001	1121
Other Illinois State Agency	Public Health	418	864	482	0582	1159
Private Organizations or Individuals	Private Organiza or Indiv	418	870	000	0582	1200
Private Organizations or Individuals	Private Organiza or Indiv	418	870	000	0934	1200
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	418	877	000	0001	1228
Repayment to State Pursuant to Law	Involuntary Withholding Collections	418	880	015	0001	1810
Repayment to State Pursuant to Law	Involuntary Withholding Collections	418	880	015	0220	1810
Repayment to State Pursuant to Law	Repay. Of Employee Witness Fees	418	880	050	0001	1840
Repayment to State Pursuant to Law	Involuntary Withholding-Salary Refunds	418	880	060	0001	2003
Repayment to State Pursuant to Law	Emancipation Fund/Providers	418	880	120	0220	2486
Repayment to State Pursuant to Law	Restitutions	418	880	725	0001	1283
Dept. of Commerce & Economic Opportunity	Dept. Commerce & Econ. Opportunity	420	000			
Loan Repayments	Loan Repayments	420	355	000	0875	0295
Loan Repayments	Loan Repayments-Interest	420	355	025	0001	0296
Loan Repayments	Loan Repayments-Interest	420	355	025	0506	0296
Loan Repayments	Loan Repayments-Interest	420	355	025	0603	0296
Loan Repayments	Loan Repayments-Interest	420	355	025	0973	0296
Loan Repayments	Loan Repayments-Interest	420	355	025	0975	0296
Loan Repayments	Loan Repayments-Interest	420	355	025	0993	0296
Loan Repayments	Loan Repayments-Principal	420	355	050	0001	0297
Loan Repayments	Loan Repayments-Principal	420	355	050	0506	0297
Loan Repayments	Loan Repayments-Principal	420	355	050	0603	0297
Loan Repayments	Loan Repayments-Principal	420	355	050	0973	0297
Loan Repayments	Loan Repayments-Principal	420	355	050	0975	0297
Loan Repayments	Loan Repayments-Principal	420	355	050	0993	0297
Program Income	Program Income	420	472	000	0913	0395
Program Income	Grantee Interest Income	420	472	150	0001	0398
Program Income	Grantee Interest Income	420	472	150	0859	0398
Federal Government	Fed Energy Regulatory Commission	420	831	007	0550	2395
Federal Government	Agriculture, Department of	420	831	010	0636	0594
Federal Government	Agriculture, Department of	420	831	010	0820	0594

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	Commerce,Department of	420	831	050	0636	0600
Federal Government	Defense,Department of	420	831	055	0636	0604
Federal Government	Environmental Protection Agency	420	831	060	0636	0608
Federal Government	Energy, Department of	420	831	065	0001	0610
Federal Government	Energy, Department of	420	831	065	0737	0610
Federal Government	Energy,Department of	420	831	065	0820	0610
Federal Government	Energy,Department of	420	831	065	0859	0610
Federal Government	Labor,Department of	420	831	120	0726	0630
Federal Government	Labor,Department of	420	831	120	0913	0630
Federal Government	Small Business Admin	420	831	158	0636	0640
Federal Government	Treasury, Department of	420	831	190	0506	0647
Federal Government	Dept. of Labor - TAA Program	420	831	427	0913	1841
Federal Government	HHS Federal Block Grant	420	831	575	0870	0655
Federal Government	HHS Federal Block Grant	420	831	575	0871	0655
Federal Government	CDBG Federal Block Grant	420	831	590	0875	0656
Federal Government	Federal Stimulus Package	420	831	999	0737	2178
Federal Government	Federal Stimulus Package	420	831	999	0859	2178
Federal Government	Federal Stimulus Package	420	831	999	0871	2178
Federal Government	Federal Stimulus Package	420	831	999	0875	2178
Federal Government	Federal Stimulus Package	420	831	999	0913	2178
Federal Monies Via Other State/ Organization	Fed. Monies Via Other State or Org.	420	837	000	0636	1381
Fed Monies Via Other IL Agency	DNR/USEPA	420	840	020	0820	2459
Fed Monies Via Other IL Agency	Healthcare & Family Services	420	840	478	0913	2215
Fed Monies Via Other IL Agency	DHS/Federal Projects Fund	420	840	592	0913	1531
Federal Program Income	Fed. Program Income	420	841	000	0726	0752
Federal Program Income	Fed. Program Income	420	841	000	0875	0752
Federal Program Income	Conference Fees	420	841	090	0636	0756
Federal Program Income	Conference Fees	420	841	090	0913	0756
Federal Program Income	Grantee Interest Income	420	841	150	0875	0760
Rebates	Rebates	420	850	000	0875	1989
Rebates	Rebates	420	850	531	0875	1989
Investment Income	Investment Income	420	852	000	0913	0870
Investment Income	Investment Income	420	852	000	0973	0870
Investment Income	Investment Income	420	852	000	0974	0870
Investment Income	Investment Income-Interest	420	852	022	0506	2342
Investment Income	Investment Income-Principal	420	852	023	0506	2343
Investment Income	Venture Capital Project	420	852	185	0506	2427
Licenses, Fees or Registrations	Eligibility Reviews-Brownfields	420	855	027	0552	1967
Licenses, Fees or Registrations	Air Pollution Emission Permits	420	855	032	0925	0925
Licenses, Fees or Registrations	Conference Fees	420	855	097	0387	0937
Licenses, Fees or Registrations	Conference Fees	420	855	097	0973	0937
Licenses, Fees or Registrations	Conference Fees	420	855	097	0984	0937
Licenses, Fees or Registrations	Economic Research & Info	420	855	152	0023	0951
Licenses, Fees or Registrations	Tax Credit Issuance Fee	420	855	156	0659	2423
Licenses, Fees or Registrations	Tourism Promotion	420	855	636	0984	1738
Miscellaneous	Miscellaneous	420	861	000	0001	1121
Miscellaneous	Miscellaneous	420	861	000	0023	1121
Miscellaneous	Miscellaneous	420	861	000	0913	1121
Miscellaneous	Private Collection Agencies	420	861	006	0001	2194
Other Illinois State Agency	Other Illinois State Agency	420	864	000	0023	1127
Other Illinois State Agency	Other Illinois State Agency	420	864	000	0552	1127
Other Illinois State Agency	Clean Air Act (CAA) Permit	420	864	091	0387	1135
Other Illinois State Agency	Children & Family Services	420	864	418	0419	1149
Other Illinois State Agency	Natural Resources	420	864	422	0419	1151
Other Illinois State Agency	Employment Security	420	864	427	0913	1417
Other Illinois State Agency	Department of Labor	420	864	452	0419	2493
Other Illinois State Agency	Department of Transportation	420	864	494	0419	1162
Other Illinois State Agency	Capital Development Board	420	864	511	0419	2016
Other Illinois State Agency	Capital Development Board	420	864	511	0552	2016
Other Illinois State Agency	State Board of Education	420	864	586	0419	1172

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Other Income	Other Income	420	865	000	0023	1191
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0387	1200
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0550	1200
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0552	1200
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0636	1200
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0770	1200
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0820	1200
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0859	1200
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0900	1200
Private Organizations or Individuals	Private Organiza or Indiv	420	870	000	0984	1200
Private Organizations or Individuals	Utility Assistance Donations	420	870	005	0555	1885
Private Organizations or Individuals	Utility Companies - Priv Orgs	420	870	021	0531	2338
Private Organizations or Individuals	Corporate Sponsorships	420	870	075	0023	1960
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0078	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0294	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0387	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0506	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0531	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0550	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0636	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0726	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0737	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0763	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0859	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0870	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0871	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0875	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0883	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0900	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0913	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0925	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0973	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	420	877	000	0993	1228
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	420	879	000	0078	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	420	879	000	0763	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	420	879	000	0611	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	420	879	000	0770	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	420	879	000	0871	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	420	879	000	0875	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	420	879	000	0913	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	420	879	000	0969	1240
Repay State/Final Audits & Reports	Disallowed Costs	420	879	002	0971	2355

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Repayment to State Pursuant to Law	Repayment Pursuant to Law	420	880	000	0141	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	420	880	000	0611	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	420	880	000	0971	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	420	880	000	0973	1243
Repayment to State Pursuant to Law	Involunt. Withholding Collections	420	880	015	0001	1810
Repayment to State Pursuant to Law	Grantee Interest Income	420	880	065	0001	1247
Repayment to State Pursuant to Law	Grantee Interest Income	420	880	065	0078	1247
Repayment to State Pursuant to Law	Grantee Interest Income	420	880	065	0564	1247
Repayment to State Pursuant to Law	Grantee Interest Income	420	880	065	0571	1247
Repayment to State Pursuant to Law	Grantee Interest Income	420	880	065	0770	1247
Repayment to State Pursuant to Law	Grantee Interest Income	420	880	065	0820	1247
Repayment to State Pursuant to Law	Settlement Agreements	420	880	085	0001	2370
Repayment to State Pursuant to Law	Returned Petty Cash Fund	420	880	600	0001	1270
Repayment to State Pursuant to Law	Repayment Pursuant to Law	420	880	858	0611	1284
Repayment to State Pursuant to Law	Repayment Pursuant to Law	420	880	858	0971	1284
Sale of Investments	Sale of Investments	420	882	000	0973	1286
Sale of Investments	Sale of Investments	420	882	000	0974	1286
Department of Natural Resources	Dept. of Natural Resources	422	000			
Concessionaire Revenue	Concession Revenue	422	090	000	0040	0056
Concessionaire Revenue	Concession Revenue	422	090	000	0041	0056
Federal Duck Stamp Sales	Federal Duck Stamp Sales	422	188	000	0041	0110
Illinois Michigan Canal	Illinois Michigan Canal	422	280	000	0040	0146
Insurance Claims Reimbursement	Insurance Claims Reimbursement	422	307	000	0465	0275
Leases on Land	Leases on Land	422	345	000	0443	0293
Leases on Land	Leases on Land	422	345	000	0884	0293
Program Income	Advertising Sales	422	472	010	0041	0396
Sale of Land	Sale of Land & Structures	422	540	000	0001	0471
Sale of Land	Sale of Land & Structures	422	540	000	0041	0471
Sale of Land	Sale of Land & Structures	422	540	000	0962	0471
State Museum	State Museum	422	585	000	0001	0512
Surety Bond Forfeitures	Surety Bond Forfeitures	422	597	000	0137	0515
Surety Bond Forfeitures	Surety Bond Forfeitures	422	597	000	0147	0515
Surety Bond Forfeitures	Surety Bond Forfeitures	422	597	000	0231	0515
Surety Bond Forfeitures	Surety Bond Forfeitures	422	597	000	0905	0515
Wildlife and Fish Stamps	Habitat Stamp	422	675	020	0293	0526
Wildlife and Fish Stamps	Habitat Stamp	422	675	020	0353	0526
Wildlife and Fish Stamps	Habitat Stamp	422	675	020	0391	0526
Wildlife and Fish Stamps	Stamps-Inland Trout	422	675	030	0041	0527
Wildlife and Fish Stamps	Salmon Stamp	422	675	040	0042	0528
Wildlife and Fish Stamps	Waterfowl Stamp	422	675	050	0953	0529
Court and Anti-Trust Distribut	Court & Anti-Trust Dist	422	820	000	0831	0582
Court and Anti-Trust Distribut	Court & Anti-Trust Dist	422	820	000	0909	0582
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-GRF	422	820	030	0168	2396
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-Othr St	422	820	035	0168	2397
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-Fed	422	820	040	0168	2398
Federal Government	Agriculture, Department of	422	831	010	0001	0594
Federal Government	Agriculture, Department of	422	831	010	0041	0594
Federal Government	Agriculture, Department of	422	831	010	0298	0594
Federal Government	Agriculture, Department of	422	831	010	0909	0594
Federal Government	Agriculture, Department of	422	831	010	0086	0594
Federal Government	Agriculture, Department of	422	831	010	0608	0594
Federal Government	Agriculture, Department of	422	831	010	0670	0594
Federal Government	Agriculture, Department of	422	831	010	0894	0594
Federal Government	Agriculture, Department of	422	831	010	0905	0594
Federal Government	Agriculture, Department of	422	831	010	0962	0594
Federal Government	Dept. of Homeland Security-FEMA	422	831	035	0894	1952
Federal Government	Commerce,Department of	422	831	051	0041	0601
Federal Government	Commerce,Department of	422	831	051	0894	0601
Federal Government	Education, Department of	422	831	058	0894	0607
Federal Government	Environmental Protection Agency	422	831	060	0077	0608

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	Environmental Protection Agency	422	831	060	0894	0608
Federal Government	Homeland Security-Port Security Grants	422	831	067	0894	2322
Federal Government	Emergency Management Agency	422	831	068	0855	0613
Federal Government	FEMA Grant #871	422	831	069	0962	0613
Federal Government	FEMA-State Disaster #1025DR	422	831	076	0962	0619
Federal Government	Interior, Department of	422	831	100	0001	0626
Federal Government	Interior, Department of	422	831	100	0039	0626
Federal Government	Interior, Department of	422	831	100	0257	0626
Federal Government	Interior, Department of	422	831	100	0041	0626
Federal Government	Interior, Department of	422	831	100	0101	0626
Federal Government	Interior, Department of	422	831	100	0293	0626
Federal Government	Interior, Department of	422	831	100	0298	0626
Federal Government	Interior, Department of	422	831	100	0391	0626
Federal Government	Interior, Department of	422	831	100	0465	0626
Federal Government	Interior, Department of	422	831	100	0608	0626
Federal Government	Interior, Department of	422	831	100	0765	0626
Federal Government	Interior, Department of	422	831	100	0894	0626
Federal Government	Interior, Department of	422	831	100	0909	0626
Federal Government	Interior, Department of	422	831	100	0953	0626
Federal Government	Interior, Department of	422	831	100	0991	0626
Federal Government	Interior/National Park Service	422	831	102	0299	0628
Federal Government	US Fish & Wildlife Service	422	831	103	0894	1591
Federal Government	Labor,Department of	422	831	120	0765	0630
Federal Government	Labor,Department of	422	831	120	0894	0630
Federal Government	FEMA-1416	422	831	167	0953	2167
Federal Government	Transportation, Department	422	831	180	0039	0643
Federal Government	FEMA-1729-DR-IL	422	831	900	0894	2130
Fed Monies Via Other Illinois Agency	IEMA-US Dept Homeland Security	422	840	005	0041	1897
Fed Monies Via Other Illinois Agency	Road Fund/I.S.T.E.A.	422	840	011	0962	0704
Fed Monies Via Other Illinois Agency	IEMA-U.S. Dept of Commerce	422	840	015	0894	2585
Fed Monies Via Other Illinois Agency	IEMA/U.S.Dept of Homeland Sec.	422	840	110	0894	1894
Fed Monies Via Other Illinois Agency	IEMA/U.S.Dept of Homeland Sec.	422	840	110	0962	1894
Fed Monies Via Other Illinois Agency	IEMA-U.S. Homeland Security	422	840	497	0894	1851
Fed Monies Via Other Illinois Agency	IEMA-FEMA	422	840	588	0001	1790
Federal Program Income	Federal Program Income	422	841	000	0991	0752
Federal Program Income	Sale of Equipment	422	841	015	0765	0754
Fed Govt Indirect Cost Reimbursement	Indirect Cost Reimbursement	422	842	000	0765	0764
Fed Govt Indirect Cost Reimbursement	Indirect Cost Reimbursement	422	842	000	0894	0764
Fed Govt Indirect Cost Reimbursement	Indirect Cost Reimbursement	422	842	000	0991	0764
Fed Govt Indirect Cost Reimbursement	US Department of Agriculture	422	842	010	0001	0765
Fines, Penalties or Violations	Fines/Penalty or Violations	422	843	000	0231	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	422	843	000	0574	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	422	843	000	0145	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	422	843	000	0147	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	422	843	000	0261	0780
Fines, Penalties or Violations	Fishing/Confiscated Fish	422	843	021	0041	0786
Fines, Penalties or Violations	Aggregate Mining	422	843	022	0146	0787
Fines, Penalties or Violations	Fishing/Pollution Fines	422	843	030	0041	0789
Fines, Penalties or Violations	Outfitter Fines	422	843	035	0041	0818
Fines, Penalties or Violations	Fishing/Circuit Clerk	422	843	902	0041	0819
Fines, Penalties or Violations	Hunting/Circuit Clerk	422	843	907	0041	0820
Fines, Penalties or Violations	Circuit Clerk	422	843	910	0001	0821
Fines, Penalties or Violations	Circuit Clerk	422	843	910	0040	0821
Fines, Penalties or Violations	Circuit Clerk	422	843	910	0878	0821
Fines, Penalties or Violations	Circuit Clerk	422	843	910	0905	0821
Fines, Penalties or Violations	Circuit Clerk	422	843	910	0909	0821
Fines, Penalties or Violations	Circuit Clerk	422	843	910	0931	0821
Fines, Penalties or Violations	Boat/Circuit Clerk	422	843	917	0039	0822
Fines, Penalties or Violations	Snowmobile/Circuit Clerk	422	843	922	0039	0823
Licenses, Fees or Registrations	Licenses, Fees or Registrations	422	855	000	0039	0915
Licenses, Fees or Registrations	Access Fees	422	855	018	0574	1679

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	Aggregate Mining	422	855	022	0146	0923
Licenses, Fees or Registrations	Application Fees	422	855	042	0962	0928
Licenses, Fees or Registrations	Boat	422	855	050	0039	0930
Licenses, Fees or Registrations	Boat	422	855	050	0547	0930
Licenses, Fees or Registrations	WSC - Group Event Fees	422	855	058	0041	2100
Licenses, Fees or Registrations	WSC - Individual Event Fees	422	855	059	0041	2101
Licenses, Fees or Registrations	Camping Fees,State Parks	422	855	060	0040	0931
Licenses, Fees or Registrations	Camping Fees,State Parks	422	855	060	0041	0931
Licenses, Fees or Registrations	Burn Manager Certificate	422	855	091	0905	2256
Licenses, Fees or Registrations	Coal Quality Testing	422	855	093	0147	0934
Licenses, Fees or Registrations	Copy Fees	422	855	100	0001	0939
Licenses, Fees or Registrations	FOIA Fees	422	855	118	0041	2288
Licenses, Fees or Registrations	Off-Highway Vehicle Use Stamp	422	855	168	0962	2424
Licenses, Fees or Registrations	Consultation Fees	422	855	169	0909	2425
Licenses, Fees or Registrations	Permit Fees - Rivers,Lakes & Streams Act	422	855	171	0039	2426
Licenses, Fees or Registrations	Hydraulic Fracturing Permit	422	855	184	0231	2453
Licenses, Fees or Registrations	Recovery Cost Fees	422	855	189	0298	2470
Licenses, Fees or Registrations	Explosive Certificates	422	855	190	0145	0958
Licenses, Fees or Registrations	IL State Museum Entrance Fees	422	855	198	0194	2568
Licenses, Fees or Registrations	Privilege Reinstatement Fee	422	855	218	0039	2511
Licenses, Fees or Registrations	Privilege Reinstatement Fee	422	855	218	0040	2511
Licenses, Fees or Registrations	Privilege Reinstatement Fee	422	855	218	0041	2511
Licenses, Fees or Registrations	Fishing Licenses	422	855	240	0041	0967
Licenses, Fees or Registrations	Lake Maintenance Fee/Rend Lake	422	855	250	0039	2514
Licenses, Fees or Registrations	Ginseng Licenses	422	855	252	0041	0972
Licenses, Fees or Registrations	Historical Water Craft ID	422	855	276	0039	0981
Licenses, Fees or Registrations	Hunting Licenses	422	855	310	0041	0982
Licenses, Fees or Registrations	Land Reclamation	422	855	350	0147	0988
Licenses, Fees or Registrations	Land Reclamation	422	855	350	0858	0988
Licenses, Fees or Registrations	Lifetime Licenses	422	855	386	0260	0993
Licenses, Fees or Registrations	Snowmobile License	422	855	570	0039	1072
Licenses, Fees or Registrations	Snowmobile License	422	855	570	0866	1072
Licenses, Fees or Registrations	Sportsman Licenses	422	855	575	0041	1073
Licenses, Fees or Registrations	Special or Commercial Permit	422	855	577	0041	1074
Licenses, Fees or Registrations	Subpeona/Witness Fees	422	855	587	0041	1079
Licenses, Fees or Registrations	Subpeona/Witness Fees	422	855	587	0547	1079
Licenses, Fees or Registrations	Timber Buyers or Growers	422	855	605	0905	1084
Licenses, Fees or Registrations	Trapping Licenses	422	855	630	0041	1087
Licenses, Fees or Registrations	Underground Injection Cont'l	422	855	712	0261	1089
Licenses, Fees or Registrations	Watercraft Titling	422	855	725	0039	0195
Licenses, Fees or Registrations	Well Assessment Fees	422	855	732	0137	1097
Licenses, Fees or Registrations	Circuit Clerk Collections	422	855	910	0547	1452
Local Illinois Governmental Units	Local II Governmental Units	422	858	000	0252	1114
Local Illinois Governmental Units	Local II Governmental Units	422	858	000	0884	1114
Miscellaneous	Miscellaneous	422	861	000	0001	1121
Miscellaneous	Miscellaneous	422	861	000	0039	1121
Miscellaneous	Miscellaneous	422	861	000	0040	1121
Miscellaneous	Miscellaneous	422	861	000	0041	1121
Miscellaneous	Miscellaneous	422	861	000	0137	1121
Miscellaneous	Miscellaneous	422	861	000	0147	1121
Miscellaneous	Deposits-Agency Equipment	422	861	005	0041	2037
Other Illinois State Agency	General Revenue Fund	422	864	001	0884	1128
Other Illinois State Agency	Road Fund	422	864	011	0962	1129
Other Illinois State Agency	DCEO	422	864	420	0147	1150
Other Illinois State Agency	DCEO	422	864	420	0884	1150
Other Illinois State Agency	State Police	422	864	493	0884	1161
Other Illinois State Agency	Capital Development Board	422	864	511	0884	2016
Other Illinois State Agency	EPA Trust Fund Commission	422	864	531	0231	1165
Other Illinois State Agency	EPA Trust Fund Commission	422	864	531	0884	1165
Other Illinois State Agency	Environmental Protection Agency	422	864	532	0884	1166
Other Illinois State Agency	Hazardous Waste Fund	422	864	828	0831	1375

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Other Illinois State Agency	Build Illinois	422	864	971	0884	1739
Other Income	Other Income	422	865	000	0261	1191
Private Organizations or Individuals	Private Organiza or Indiv	422	870	000	0041	1200
Private Organizations or Individuals	Private Organiza or Indiv	422	870	000	0390	1200
Private Organizations or Individuals	Private Organiza or Indiv	422	870	000	0547	1200
Private Organizations or Individuals	Private Organiza or Indiv	422	870	000	0884	1200
Private Organizations or Individuals	Private Organiza or Indiv	422	870	000	0905	1200
Private Organizations or Individuals	Private Organiza or Indiv	422	870	000	0909	1200
Private Organizations or Individuals	Private Organiza or Indiv	422	870	000	0931	1200
Private Organizations or Individuals	Private Organiza or Indiv	422	870	000	0953	1200
Product Sales	Product Sales	422	872	000	0041	1214
Product Sales	Product Sales	422	872	000	0905	1214
Rental Income	Boat Dock & Related Fees	422	876	150	0040	1220
Rental Income	Boat Dock & Related Fees	422	876	150	0041	1220
Rental Income	Boat Dock & Related Fees	422	876	150	0982	1220
Rental Income	Concession Revenue	422	876	250	0982	1222
Rental Income	Miscellaneous	422	876	400	0040	1224
Rental Income	Miscellaneous	422	876	400	0041	1224
Rental Income	Miscellaneous	422	876	400	0982	1224
Rental Income	Property	422	876	500	0040	1225
Rental Income	Property	422	876	500	0041	1225
Rental Income	Winter Storage	422	876	650	0982	1226
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0039	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0040	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0041	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0042	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0077	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0146	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0147	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0261	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0298	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0299	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0765	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0900	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0905	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0962	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0982	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	422	877	000	0991	1228
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	422	879	000	0905	1240
Repayment to State Pursuant to Law	Disposal of Equipment	422	880	100	0137	1555
Repayment to State Pursuant to Law	Returned Petty Cash Fund	422	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	422	880	600	0039	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	422	880	600	0040	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	422	880	600	0041	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	422	880	600	0298	1270

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Repayment to State Pursuant to Law	Returned Petty Cash Fund	422	880	600	0905	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	422	880	600	0982	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	422	880	600	0991	1270
Department of Juvenile Justice	Dept. of Juvenile Justice	425	000			
Field/After Care Services	Field/After Care Services	425	020	010	0001	0004
Inmate Commissary Sales	Profit-Inmate Commissary Sales	425	091	005	0523	1888
Correction School District	Education Services	425	101	000	0001	0064
General Office	General Office	425	220	000	0001	0114
Juvenile Institutions	IYC Murphysboro	425	330	019	0001	1410
Juvenile Institutions	IYC Chicago	425	330	020	0001	1598
Juvenile Institutions	IYC Pere Marquette	425	330	021	0001	0283
Juvenile Institutions	IYC Kewanee	425	330	029	0001	1671
Juvenile Institutions	IYC St. Charles	425	330	030	0001	0285
Juvenile Institutions	IYC Warrenville	425	330	038	0001	0286
Juvenile Institutions	IYC Harrisburg	425	330	040	0001	0287
Juvenile Institutions	IYC Joliet Juvenile Center	425	330	045	0001	0288
Reimb. For Exp. Of Incarcerated Persons	Reimb.-Library Card Copies	425	512	360	0523	0449
Reimb. For Exp. Of Incarcerated Persons	Other Inmate Cost Recovery	425	512	399	0523	0450
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-GRF	425	820	030	0168	2396
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-Othr St	425	820	035	0168	2397
Federal Government	US Department of Justice	425	831	110	0523	0629
Federal Government	Department of Labor	425	831	120	0523	0630
Federal Government	DOL-Youth Academy and Work Skills Grant	425	831	125	0523	1890
Federal Government	Federal Stimulus Package	425	831	999	0523	2178
Federal Monies Via Other Illinois Agency	SBE-Fed. Dept. of Ag.-Lunch Reimb.	425	840	411	0523	1876
Federal Monies Via Other Illinois Agency	SBE-Fed. Dept. of Ag.-Breakfast Reimb.	425	840	412	0523	1877
Federal Monies Via Other Illinois Agency	Criminal Justice Trust Fund	425	840	488	0523	0724
Federal Monies Via Other Illinois Agency	SBE Federal Dept. of Education	425	840	561	0523	0728
Federal Monies Via Other Illinois Agency	Juvenile Justice Trust	425	840	911	0523	0747
Miscellaneous	Miscellaneous	425	861	000	0523	1121
Other Illinois State Agency	General Revenue Fund	425	864	001	0523	1128
Other Illinois State Agency	IL Violence Prevention Authority	425	864	559	0523	1558
Other Illinois State Agency	State Board of Education	425	864	586	0523	1172
Private Organizations or Individuals	Private Organizations or Individuals	425	870	000	0523	1200
Reimbursements	Reimburse - Locally Held Funds	425	890	123	0523	1788
Department of Corrections	Dept. of Corrections	426	000			
Field/After Care Services	Field/After Care Services	426	020	010	0001	0004
Adult Institutions	Centralia Correctional Ctr	426	025	009	0001	0005
Adult Institutions	Dwight Correctional Center	426	025	018	0001	0006
Adult Institutions	Jacksonville Correction Ctr	426	025	020	0001	0007
Adult Institutions	E.St.Louis Correctional Ctr	426	025	027	0001	0008
Adult Institutions	Graham Correctional Center	426	025	028	0001	0009
Adult Institutions	Logan Correctional Center	426	025	042	0001	0011
Adult Institutions	Menard Correctional Center	426	025	046	0001	0012
Adult Institutions	Big Muddy River Correct Ctr	426	025	052	0001	0014
Adult Institutions	Lincoln Correctional Center	426	025	053	0001	0015
Adult Institutions	Danville Correctional Center	426	025	056	0001	0016
Adult Institutions	Decatur Correctional Center	426	025	057	0001	1597
Adult Institutions	Pontiac Correctional Center	426	025	062	0001	0017
Adult Institutions	Dixon Correctional Center	426	025	065	0001	0018
Adult Institutions	Kewanee Life Skills Re-Entry	426	025	067	0001	2591
Adult Institutions	Il River Correctional Center	426	025	069	0001	0019
Adult Institutions	Hill Correctional Center	426	025	070	0001	0020
Adult Institutions	Lawrence Correctional Center	426	025	074	0001	1685
Adult Institutions	Sheridan Correctional Center	426	025	078	0001	0022
Adult Institutions	Stateville Correctional Center	426	025	082	0001	0023
Adult Institutions	Pinckneyville Correctional Center	426	025	083	0001	1567
Adult Institutions	Robinson Correctional Center	426	025	084	0001	0024
Adult Institutions	Vandalia Correctional Center	426	025	086	0001	0025

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Adult Institutions	E. Moline Correctional Ctr	426	025	089	0001	0026
Adult Institutions	Vienna Correctional Center	426	025	090	0001	0027
Adult Institutions	Shawnee Correctional Center	426	025	091	0001	0028
Adult Institutions	Tamms Correctional Center	426	025	092	0001	0029
Adult Institutions	Taylorville Correctional Ctr	426	025	093	0001	0030
Adult Institutions	Western Il. Correctional Ctr	426	025	097	0001	0031
Concessionaire Revenue	Concession Revenue-Vending	426	090	250	0001	0057
Inmate Commissary Sales	Profit-Inmate Commissary Sales	426	091	005	0523	1888
General Office	General Office	426	220	000	0001	0114
Juvenile Institutions	IYC Valley View	426	330	026	0001	0284
Leases On Land	Leases On Land	426	345	000	0301	0293
Prison Industry Revenues	Prison Industry Revenues	426	466	000	0301	0392
Rmbrsmt for Exp of Incarc Persons	Court Reim/Incarcerate Individual	426	512	100	0523	0445
Rmbrsmt for Exp of Incarc Persons	Reimburse Parolee Incarceration Expenses	426	512	150	0523	2530
Rmbrsmt for Exp of Incarc Persons	Electronic Device Monitor	426	512	250	0523	0446
Rmbrsmt for Exp of Incarc Persons	Inmate Maintenance Recove	426	512	301	0523	0447
Rmbrsmt for Exp of Incarc Persons	Medicaid	426	512	320	0523	1715
Rmbrsmt for Exp of Incarc Persons	Epidemiological Study	426	512	350	0523	0448
Rmbrsmt for Exp of Incarc Persons	Reim-Library Card Copies	426	512	360	0523	0449
Rmbrsmt for Exp of Incarc Persons	Other Inmate Cost Recove	426	512	399	0523	0450
Rmbrsmt for Exp of Incarc Persons	College Credit Hours	426	512	400	0523	1406
Rmbrsmt for Exp of Incarc Persons	Recovered Workers Comp	426	512	700	0523	0451
Rmbrsmt for Exp of Incarc Persons	Library Cards/Copies & Books	426	512	801	0523	0452
Telephone Commissions	Telephone Commission	426	598	000	0523	1737
Court and Anti-Trust Distribut	Consumer Law/Elderly Victims	426	820	010	0523	1423
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-GRF	426	820	030	0168	2396
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-Othr St	426	820	035	0168	2397
Federal Government	Dept. of Justice - Forfeitures	426	831	016	0523	2002
Federal Government	U.S. Dept. of Commerce	426	831	050	0523	0600
Federal Government	Energy, Department of	426	831	065	0523	0610
Federal Government	U.S. Dept. of Justice	426	831	110	0523	0629
Federal Government	Department of Labor	426	831	120	0523	0630
Federal Government	DOL-Youth Acad. & WorkskillsGrant	426	831	125	0523	1890
Federal Government	Nat'l Inst of Corrections	426	831	148	0523	0638
Federal Government	Social Security Administration	426	831	192	0523	1580
Federal Government	Federal Stimulus Package	426	831	999	0523	2178
Fed Monies Via Other Illinois Agency	Learn and Serve America	426	840	183	0523	0715
Fed Monies Via Other Illinois Agency	National Community Services	426	840	343	0523	0718
Fed Monies Via Other Illinois Agency	S.B.E. Dept. of Labor	426	840	392	0523	0719
Fed Monies Via Other Illinois Agency	SBE-Fed. Dept. of Ag.-Lunch Reimb.	426	840	411	0523	1876
Fed Monies Via Other Illinois Agency	SBE-Fed. Dept. of Ag.-Brkfst. Reimb.	426	840	412	0523	1877
Fed Monies Via Other Illinois Agency	DHS - TANF Grant	426	840	443	0523	1858
Fed Monies Via Other Illinois Agency	Criminal Justice Trust Fund	426	840	488	0523	0724
Fed Monies Via Other Illinois Agency	Illinois Department of Transportation	426	840	494	0523	1791
Fed Monies Via Other Illinois Agency	Criminal Justice Info. Auth.	426	840	546	0523	1432
Fed Monies Via Other Illinois Agency	SBE Federal Dept of Education	426	840	561	0523	0728
Fed Monies Via Other Illinois Agency	IEMA - FEMA	426	840	588	0523	1790
Fed Monies Via Other Illinois Agency	Eastern Ill University	426	840	612	0523	0729
Fed Monies Via Other Illinois Agency	DHS/Alcohol Substance Abu	426	840	646	0523	0733
Fed Monies Via Other Illinois Agency	IL Arts Council Fed Grant	426	840	657	0523	0734
Fed Monies Via Other Illinois Agency	University of Illinois	426	840	676	0523	2177
Fed Monies Via Other Illinois Agency	ICCB Adult Education Fund	426	840	692	0523	1744
Fed Monies Via Other Illinois Agency	Juvenile Justice Trust	426	840	911	0523	0747
Fed Monies Via Other Illinois Agency	St Monies Via Local Entity	426	840	998	0523	0750
Licenses, Fees or Registrations	Copy Fees	426	855	100	0001	0939
Miscellaneous	Miscellaneous	426	861	000	0001	1121
Miscellaneous	Miscellaneous	426	861	000	0301	1121
Miscellaneous	Miscellaneous	426	861	000	0523	1121
Other Illinois State Agency	General Revenue Fund	426	864	001	0523	1128
Other Illinois State Agency	DCEO-Pub Sectr Enrgy Eff Rebts	426	864	008	0523	2497

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Other Illinois State Agency	Sales of Goods & Svcs-ICI	426	864	014	0301	1878
Other Illinois State Agency	Live and Learn Fund	426	864	026	0523	1131
Other Illinois State Agency	Solid Waste Management Fund	426	864	078	0523	1134
Other Illinois State Agency	Commerce & Economic Opportunity	426	864	420	0523	1150
Other Illinois State Agency	Human Services	426	864	444	0523	1466
Other Illinois State Agency	Public Health-GRF	426	864	482	0523	1159
Other Illinois State Agency	IL Arts Council	426	864	503	0523	1163
Other Illinois State Agency	Criminal Justice	426	864	546	0523	1168
Other Illinois State Agency	State Board of Education	426	864	586	0523	1172
Other Illinois State Agency	IL Comm. College Board	426	864	684	0523	1642
Other Illinois State Agency	Violent Crime Victims Assistance	426	864	929	0523	1186
Private Organizations or Individuals	Private Organizations	426	870	000	0523	1200
Private Organizations or Individuals	State Property Sales	426	870	010	0301	1201
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	426	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	426	877	000	0301	1228
Repayment to State Pursuant to Law	Repayment Pursuant to Law	426	880	000	0523	1243
Repayment to State Pursuant to Law	Involuntary Withholding Collections	426	880	015	0001	1810
Repayment to State Pursuant to Law	Repayment-Employee Witness Fees	426	880	050	0001	1840
Reimbursements	Reimburse-Employee Commissary	426	890	070	0523	2362
Reimbursement/Expns Incarcerated Persons	Joliet Police Department	426	890	075	0523	2369
Reimbursements	Reimburse-Locally Held Funds	426	890	123	0523	1788
Department of Employment Security	Dept. of Employment Security	427	000			
Federal Government	Army, Department of	427	831	056	0052	0605
Federal Government	U. S. Dept. of Education	427	831	058	0052	0607
Federal Government	U.S. Dept. of Justice	427	831	120	0052	0630
Federal Government	Reed Act	427	831	151	0052	1651
Federal Government	Federal Stimulus Package	427	831	999	0052	2178
Fed Monies Via Other Illinois Agency	ISBE Fed. Dept. of Labor	427	840	392	0052	0719
Fed Monies Via Other Illinois Agency	Dept of Comm & Econ. Opportunity	427	840	420	0052	1899
Fed Monies Via Other Illinois Agency	SBE Fed. Dept. of Education	427	840	561	0052	0728
Fed Monies Via Other Illinois Agency	Federal Workforce Training	427	840	913	0052	0748
Federal Program Income	One Stop Participants	427	841	175	0052	1689
Fines, Penalties or Violations	Fines, Penalties or Violations	427	843	000	0052	0780
Fund Transfers	Unemploy Comp Special Admin	427	846	055	0052	0842
Licenses, Fees or Registrations	Shared Data Access Fees	427	855	013	0052	1835
Licenses, Fees or Registrations	Labor Market Information	427	855	014	0052	1836
Licenses, Fees or Registrations	Conference Fees	427	855	097	0052	0937
Licenses, Fees or Registrations	Copy Fees	427	855	100	0052	0939
Licenses, Fees or Registrations	Users Fees	427	855	718	0052	1092
Local Illinois Governmental Units	Local IL Governmental Units	427	858	000	0052	1114
Miscellaneous	Miscellaneous	427	861	000	0052	1121
Other Illinois State Agency	General Revenue Fund	427	864	001	0052	1128
Other Illinois State Agency	Human Services	427	864	444	0052	1466
Other Illinois State Agency	Public Aid	427	864	478	0052	1158
Other Illinois State Agency	Capital Development Board	427	864	511	0052	2016
Other Illinois State Agency	Board of Higher Ed	427	864	601	0052	1621
Other States	Other States	427	867	000	0052	1194
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	427	877	000	0052	1228
Reimb. Cost incurred for Federal Govt.	Reimb. Cost on Behalf of Other	427	878	000	0052	1234
Repayment to State Pursuant to Law	Returned Petty Cash Fund	427	880	600	0052	1270
Subscription or Publication Sales	Subscription or Publication Sales	427	888	000	0052	1289
Reimbursements	Katrina - EMAC	427	890	035	0052	2066
Department of Financial and Professional Regulation	Dept. Financial & Professional Regulation	440	000			
Admission Tax	3% Tax Admission Tickets-Boxing/Mixed Martial Arts	440	015	200	0001	2307

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fire Marshal Tax	Fire Marshal Tax	440	190	000	0047	0111
Fire Marshal Tax	Fire Marshal Tax	440	190	000	0401	0111
Privilege Tax-Insurance	Privilege Tax-Insurance	440	471	000	0001	0394
Privilege Tax-Insurance	Privilege Tax-Insurance	440	471	000	0378	0394
Privilege Tax-Insurance	Privilege Tax-Insurance	440	471	000	0401	0394
Surplus Line Tax Insurance	Surplus Line Tax Insurance	440	474	000	0001	1846
Surplus Line Tax Insurance	Surplus Line Tax Insurance	440	474	000	0401	1846
Registration, Division of	Registration, Division of	440	505	000	0001	0437
Retaliatory Tax	Retaliatory Tax	440	535	000	0001	0468
Retaliatory Tax	Retaliatory Tax	440	535	000	0401	0468
Self Insurers Assessments	Surety Bonds	440	565	020	0401	0500
Self Insurers Assessments	Surety Bonds	440	565	020	0739	0500
Federal Government	Health & Human Services	440	831	075	0396	0618
Federal Government	Health & Human Services	440	831	075	0673	0618
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0001	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0021	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0022	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0057	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0075	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0093	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0151	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0192	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0241	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0243	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0244	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0258	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0259	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0386	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0505	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0562	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0579	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0615	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0629	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0746	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0792	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0795	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0823	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0829	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0850	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0888	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	440	843	000	0954	0780
Fines, Penalties or Violations	Interest on Late Filing Fees	440	843	063	0001	0795
Fines, Penalties or Violations	Interest on Late Filing Fees	440	843	063	0401	0795
Fines, Penalties or Violations	Interest on Late Filing Fees	440	843	063	0546	0795
Fines, Penalties or Violations	Interest on Late Filing Fees	440	843	063	0922	0795
Licenses, Fees or Registrations	Licenses, Fees or Registrations	440	855	000	0075	0915
Licenses, Fees or Registrations	Licenses, Fees or Registrations	440	855	000	0505	0915
Licenses, Fees or Registrations	Licenses, Fees or Registrations	440	855	000	0546	0915
Licenses, Fees or Registrations	Licenses, Fees or Registrations	440	855	000	0792	0915
Licenses, Fees or Registrations	Licenses, Fees or Registrations	440	855	000	0829	0915
Licenses, Fees or Registrations	Insurance Producer Appointment Fees	440	855	010	0922	0918
Licenses, Fees or Registrations	Insurance Producer Licenses	440	855	020	0401	0922
Licenses, Fees or Registrations	Insurance Producer Licenses	440	855	020	0922	0922
Licenses, Fees or Registrations	Loan Originator License Fees	440	855	023	0244	1948
Licenses, Fees or Registrations	Audiologists	440	855	049	0938	0917
Licenses, Fees or Registrations	Industrial Comm Operations Surcharge	440	855	070	0401	1847
Licenses, Fees or Registrations	Industrial Comm Operations Surcharge	440	855	070	0534	1847
Licenses, Fees or Registrations	Check Printer Fees	440	855	086	0795	1602
Licenses, Fees or Registrations	Licenses	440	855	121	0022	2297
Licenses, Fees or Registrations	Credit Union - Exam Fees	440	855	137	0243	0946
Licenses, Fees or Registrations	Credit Union - Administration	440	855	139	0243	0947
Licenses, Fees or Registrations	Examination Fees, Banking	440	855	160	0795	0953

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	Corporate Fiduciary Reg.	440	855	165	0795	0955
Licenses, Fees or Registrations	Examination Fees, EDP	440	855	162	0795	0954
Licenses, Fees or Registrations	Examination Fees - International	440	855	170	0795	1603
Licenses, Fees or Registrations	Filing Fees	440	855	200	0401	0959
Licenses, Fees or Registrations	Filing Fees	440	855	200	0546	0959
Licenses, Fees or Registrations	Financial Inst. - Examinations	440	855	220	0021	0963
Licenses, Fees or Registrations	Financial Inst. - Examinations	440	855	220	0401	0963
Licenses, Fees or Registrations	Financial Inst. - Licenses	440	855	230	0021	0965
Licenses, Fees or Registrations	Land Sales Fees	440	855	347	0850	1639
Licenses, Fees or Registrations	Insurance User Fees	440	855	349	0997	0987
Licenses, Fees or Registrations	Miscellaneous	440	855	415	0849	1015
Licenses, Fees or Registrations	Regulatory Licenses and Fees	440	855	415	0997	1015
Licenses, Fees or Registrations	Miscellaneous - Banking	440	855	416	0795	1016
Licenses, Fees or Registrations	Mortgage Banking Full Service	440	855	417	0244	1017
Licenses, Fees or Registrations	Miscellaneous - Trust	440	855	418	0795	1018
Licenses, Fees or Registrations	Mortgage Banking Exam	440	855	419	0244	1019
Licenses, Fees or Registrations	Mortgage Banking	440	855	421	0244	1021
Licenses, Fees or Registrations	Nursing Fees	440	855	428	0258	1026
Licenses, Fees or Registrations	Original Registrations	440	855	435	0850	1030
Licenses, Fees or Registrations	Original & Renewal License	440	855	440	0022	1032
Licenses, Fees or Registrations	Original & Renewal License	440	855	440	0057	1032
Licenses, Fees or Registrations	Original & Renewal License	440	855	440	0151	1032
Licenses, Fees or Registrations	Original & Renewal License	440	855	440	0259	1032
Licenses, Fees or Registrations	Original & Renewal License	440	855	440	0386	1032
Licenses, Fees or Registrations	Original & Renewal License	440	855	440	0562	1032
Licenses, Fees or Registrations	Original & Renewal License	440	855	440	0746	1032
Licenses, Fees or Registrations	Original & Renewal License	440	855	440	0888	1032
Licenses, Fees or Registrations	Performance Examinations	440	855	460	0922	1039
Licenses, Fees or Registrations	Podiatric Physician Fees	440	855	472	0954	1043
Licenses, Fees or Registrations	Private Detectives	440	855	482	0022	1047
Licenses, Fees or Registrations	Private Detectives	440	855	482	0057	1047
Licenses, Fees or Registrations	Real Estate Fees	440	855	516	0850	1638
Licenses, Fees or Registrations	Renewal Licenses	440	855	517	0093	1059
Licenses, Fees or Registrations	Renewal Licenses	440	855	517	0823	1059
Licenses, Fees or Registrations	Retaliatory Fees	440	855	537	0021	1063
Licenses, Fees or Registrations	Savings & Loan Exam	440	855	555	0244	1065
Licenses, Fees or Registrations	Savings & Loan Exam	440	855	555	0579	1065
Licenses, Fees or Registrations	Savings & Loan Super Fees	440	855	557	0244	1066
Licenses, Fees or Registrations	Savings & Loan Super Fees	440	855	557	0579	1066
Licenses, Fees or Registrations	Thrift Fees	440	855	604	0244	1641
Licenses, Fees or Registrations	Thrift Fees	440	855	604	0579	1641
Licenses, Fees or Registrations	Timeshare Fees	440	855	607	0850	1640
Licenses, Fees or Registrations	Non-Insured Institutions Receivership Fees	440	855	638	0795	1627
Licenses, Fees or Registrations	Misc. - Information Systems	440	855	818	0795	1604
Licenses, Fees or Registrations	Misc. - International	440	855	819	0795	1605
Miscellaneous	Miscellaneous	440	861	000	0001	1121
Miscellaneous	Miscellaneous	440	861	000	0244	1121
Private Organizations or Individuals	Private Organiza or Indiv	440	870	000	0093	1200
Private Organizations or Individuals	Third Party Liabilities	440	870	080	0386	1205
Private Organizations or Individuals	Third Party Liabilities	440	870	080	0629	1205
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0021	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0022	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0057	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0075	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0093	1228

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0151	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0218	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0243	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0244	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0258	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0259	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0386	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0505	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0562	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0579	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0746	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0792	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0795	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0823	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0829	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0850	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	440	877	000	0888	1228
Reimb. Cost Incurred for Fed Govt.	Reimb. Cost on Behalf of Other	440	878	000	0922	1234
Reimb. Cost Incurred for Fed Govt.	Reimb. Cost on Behalf of Other	440	878	000	0997	1234
Repayment to State Pursuant to Law	Returned Petty Cash Fund	440	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	440	880	600	0396	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	440	880	600	0795	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	440	880	600	0850	1270
Restitution	Restitution	440	893	000	0244	2075
Department of Human Rights	Dept. of Human Rights	442	000			
Federal Government	Equal Employment Opportunity	442	831	070	0607	0614
Federal Government	Housing & Urban Development	442	831	090	0607	0772
Fines, Penalties or Violations	Fines, Penalties or Violations	442	843	000	0001	0780
Licenses, Fees or Registrations	Training Registrations	442	855	089	0778	2245
Licenses, Fees or Registrations	Public Contracts-Filing Fees	442	855	090	0797	2246
Licenses, Fees or Registrations	Copying Fees	442	855	100	0001	0939
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	442	877	000	0001	1228
Department of Human Services	Dept. of Human Services	444	000			
General Office	Misc Collection-Central Office	444	220	015	0001	0115
General Office	Misc. Collection-Grants	444	220	020	0001	0117
General Office	Misc. Collection-Grants	444	220	020	0050	0117
General Office	Misc. Collection-Grants	444	220	020	0408	0117
General Office	Misc. Collection-Grants	444	220	020	0921	0117
Hospitals and Schools	School for Visually Impaired	444	240	040	0001	0130
Hospitals and Schools	Illinois School for the Deaf	444	240	050	0001	0131
Hospitals and Schools	Rehabilitation & Education	444	240	070	0001	0132
Institutions	Tinley Park MH/DD Center	444	305	014	0001	0253
Institutions	Dixon Developmental Center	444	305	018	0001	0254
Institutions	Alton Mental Health Center	444	305	019	0001	0255

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Institutions	Anna MH/DD Center	444	305	029	0001	0257
Institutions	Chicago-Read MH/DD Center	444	305	039	0001	0259
Institutions	Unit Dose Procure Fac	444	305	040	0001	0260
Institutions	Sexually Violent Program	444	305	041	0001	1645
Institutions	H.Douglas Singer MH/DD Ctr	444	305	044	0001	0261
Institutions	Waukegan Development Center	444	305	045	0001	0262
Institutions	John J. Madden MH/DD Center	444	305	054	0001	0263
Institutions	Warren G. Murray MH/DD Ctc	444	305	058	0001	0264
Institutions	Elgin Mental Health Center	444	305	059	0001	0265
Institutions	Chester Mental Health Center	444	305	066	0001	0267
Institutions	Jacksonville MH/DD Center	444	305	069	0001	0268
Institutions	Andrew McFarland MH/DD Ctr	444	305	074	0001	0269
Institutions	Samuel H. Shapiro MH/DD Ctr.	444	305	079	0001	0270
Institutions	William W. Fox MH/DD Center	444	305	088	0001	0272
Institutions	Elizabeth Ludeman MH/DD Ctr	444	305	095	0001	0273
Loan Repayments	Loan Repayments	444	355	000	0013	0295
Loan Repayments	Loan Repayments	444	355	000	0025	0295
Loan Repayments	Loan Repayments	444	355	000	0123	0295
Offset Claims	IRS Collection/Non Public Aid	444	419	025	0921	0337
Offset Claims	Earnfare Employment Training	444	419	050	0001	0338
Offset Claims	Earnfare Employment Training	444	419	050	0921	0338
Patient Payments	Tinley Park MH/DD Center	444	440	014	0050	0359
Patient Payments	Dixon State School	444	440	018	0050	0360
Patient Payments	Alton State Hospital	444	440	019	0050	0361
Patient Payments	General Office	444	440	020	0050	0362
Patient Payments	Anna State Hospital	444	440	029	0050	0364
Patient Payments	Chicago-Read MH/DD Center	444	440	039	0050	0367
Patient Payments	H.Douglas Singer Zone Center	444	440	044	0050	0368
Patient Payments	Waukegan Developmental Ctr	444	440	045	0050	0369
Patient Payments	John J. Madden Zone Center	444	440	054	0050	0370
Patient Payments	Warren G Murray Children Ctr	444	440	058	0050	0371
Patient Payments	Elgin State Hospital	444	440	059	0050	0372
Patient Payments	George A. Zeller Zone Center	444	440	064	0050	0373
Patient Payments	Chester Mental Health Center	444	440	066	0050	0374
Patient Payments	Jacksonville State Hospital	444	440	069	0050	0375
Patient Payments	Andrew McFarland Zone Center	444	440	074	0050	0376
Patient Payments	Sam H. Shapiro MH/DD Center	444	440	079	0050	0377
Patient Payments	William W. Fox Children Ctr	444	440	088	0050	0379
Patient Payments	Elizabeth Ludeman MH/DD Ctr	444	440	095	0050	0381
Patient Payments	William A. Howe MH/DD Center	444	440	098	0050	0382
Program Income	Grantee Interest Income	444	472	150	0592	0398
Program Income	RSV-Reserve	444	472	200	0081	0399
Program Income	RSV-Development & Education	444	472	215	0081	0400
Program Income	RSV-Set Aside	444	472	225	0081	0402
Program Income	RSV-Purchase of Stock	444	472	230	0081	0403
Program Income	RSV-Business Insurance	444	472	235	0081	0404
Recipient Collections	Refugee Entrant Program	444	495	050	0001	0433
Recipient Collections	Recipient-Admin Support	444	495	015	0421	0427
Recipient Collections	Recipient-Admin Support	444	495	015	0921	0427
Recipient Collections	Recipient-Excess Assistance	444	495	020	0421	0428
Recipient Collections	Recipient-Excess Assistance	444	495	020	0921	0428
Recipient Collections	Recipient-Food Stamp Program	444	495	025	0421	0429
Recipient Collections	Recipient-Food Stamp Program	444	495	025	0921	0429
Recipient Collections	Recipient Collections	444	495	032	0001	0430
Recipient Collections	Non-Medical	444	495	045	0921	0432
State Offset Claims	State Offset Claims	444	587	000	0001	0513
State Offset Claims	State Offset Claims	444	587	000	0013	0513
State Offset Claims	State Offset Claims	444	587	000	0036	0513
State Offset Claims	State Offset Claims	444	587	000	0050	0513
State Offset Claims	State Offset Claims	444	587	000	0081	0513
State Offset Claims	State Offset Claims	444	587	000	0123	0513

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
State Offset Claims	State Offset Claims	444	587	000	0365	0513
State Offset Claims	State Offset Claims	444	587	000	0408	0513
State Offset Claims	State Offset Claims	444	587	000	0495	0513
State Offset Claims	State Offset Claims	444	587	000	0502	0513
State Offset Claims	State Offset Claims	444	587	000	0592	0513
State Offset Claims	State Offset Claims	444	587	000	0646	0513
State Offset Claims	State Offset Claims	444	587	000	0700	0513
State Offset Claims	State Offset Claims	444	587	000	0872	0513
State Offset Claims	State Offset Claims	444	587	000	0876	0513
State Offset Claims	State Offset Claims	444	587	000	0911	0513
State Offset Claims	State Offset Claims	444	587	000	0921	0513
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-GRF	444	820	030	0168	2396
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-Othr St	444	820	035	0168	2397
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-Fed	444	820	040	0168	2398
Federal Government	USDA-Framework Project Program	444	831	009	0211	2468
Federal Government	US Dept of Agriculture	444	831	010	0700	0594
Federal Government	Medicare Part D	444	831	031	0050	2104
Federal Government	U.S. Dept. of Education	444	831	058	0081	0607
Federal Government	U.S. Dept. of Education	444	831	058	0394	0607
Federal Government	U.S. Dept. of Education	444	831	058	0502	0607
Federal Government	U.S. Dept. of Education	444	831	058	0592	0607
Federal Government	U.S. Dept. of Education	444	831	058	0646	0607
Federal Government	U.S. Dept. of Education	444	831	058	0343	0607
Federal Government	Health & Human Services	444	831	075	0001	0618
Federal Government	Health & Human Services	444	831	075	0592	0618
Federal Government	Health and Human Services	444	831	075	0013	0618
Federal Government	Health and Human Services	444	831	075	0081	0618
Federal Government	Health and Human Services	444	831	075	0495	0618
Federal Government	Health and Human Services	444	831	075	0347	0618
Federal Government	Health and Human Services	444	831	075	0408	0618
Federal Government	Health and Human Services	444	831	075	0646	0618
Federal Government	Housing and Urban Development	444	831	090	0592	0624
Federal Government	U.S. Dept. of Justice	444	831	110	0581	0629
Federal Government	U.S. Dept. of Justice	444	831	110	0592	0629
Federal Government	U.S. Dept. of Justice	444	831	110	0001	0629
Federal Government	U.S. Dept. of Justice	444	831	110	0646	0629
Federal Government	U.S. Dept. of Justice	444	831	110	0911	0629
Federal Government	Labor, Department of	444	831	120	0592	0630
Federal Government	Nat. Comm. Serv. Grant	444	831	133	0343	0634
Federal Government	Social Security Administration	444	831	192	0592	1580
Federal Government	CCDBG Mandatory	444	831	370	0001	1336
Federal Government	CCDBG Mandatory	444	831	370	0408	1336
Federal Government	Health/Human Ser-CCDBG Match	444	831	371	0001	1337
Federal Government	Health/Human Ser-CCDBG Match	444	831	371	0408	1337
Federal Government	CCDBG Mandatory Disc	444	831	372	0408	1338
Federal Government	CCDBG Mandatory Disc	444	831	372	0001	1338
Federal Government	HHS Federal Block Grant	444	831	575	0872	0655
Federal Government	HHS Federal Block Grant	444	831	575	0873	0655
Federal Government	HHS Federal Block Grant	444	831	575	0876	0655
Federal Government	USDA Food Stamp Admin.	444	831	710	0001	0661
Federal Government	USDA Food Stamp Admin.	444	831	710	0347	0661
Federal Government	USDA Food Stamp Admin.	444	831	710	0408	0661
Federal Government	USDA Food Nutrition Service	444	831	717	0001	0663
Federal Government	USDA Food Nutrition Service	444	831	717	0408	0663
Federal Government	USDA Food Nutrition Service	444	831	717	0864	0663
Federal Government	USDA Supplies/Commodities	444	831	725	0001	0664
Federal Government	USDA Supplies/ Commodities	444	831	725	0408	0664
Federal Government	HHS Family Support Admin.	444	831	755	0408	0667
Federal Government	Health and Human Services	444	831	775	0935	0669
Federal Government	AFDC Assistance	444	831	778	0408	0671
Federal Government	Family Violence Prevent/Serv	444	831	793	0408	0672

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	Migrant Head Start	444	831	825	0408	1520
Federal Government	Refugee/Entrant Program	444	831	835	0001	0677
Federal Government	Refugee/Entrant Program	444	831	835	0408	0677
Federal Government	SSI Interim Assistance	444	831	840	0421	0678
Federal Government	SSI Interim Assistance	444	831	840	0921	0678
Federal Government	Federal Monies-TANF Grant	444	831	876	0001	1393
Federal Government	Federal Monies-TANF Grant	444	831	876	0220	1393
Federal Government	Federal Monies-TANF Grant	444	831	876	0278	1393
Federal Government	Federal Monies-TANF Grant	444	831	876	0347	1393
Federal Government	Federal Monies-TANF Grant	444	831	876	0408	1393
Federal Government	Federal Monies-TANF Grant	444	831	876	0935	1393
Federal Government	Federal Stimulus Package	444	831	999	0081	2178
Federal Government	Federal Stimulus Package	444	831	999	0343	2178
Federal Government	Federal Stimulus Package	444	831	999	0347	2178
Federal Government	Federal Stimulus Package	444	831	999	0408	2178
Federal Government	Federal Stimulus Package	444	831	999	0502	2178
Federal Government	Federal Stimulus Package	444	831	999	0700	2178
Federal Monies Via Other State Or Organization	Fed. Monies via Other State or Org.	444	837	000	0592	1381
Federal Monies Via Other State Or Organization	Fed. Monies via Other State or Org.	444	837	000	0921	1381
Federal Monies Via Other State Or Organization	Fed. Monies/Washington State	444	837	500	0646	1455
Fed Monies Via Other Illinois Agency	US Public Health Services	444	840	063	0408	0707
Fed Monies Via Other Illinois Agency	SBE Fed. Dept. of Agriculture	444	840	410	0798	0721
Fed Monies Via Other Illinois Agency	Criminal Justice Trust Fund	444	840	488	0592	0724
Fed Monies Via Other Illinois Agency	SBE Fed. Dept. of Education	444	840	561	0001	0728
Fed Monies Via Other Illinois Agency	SBE Fed. Dept. of Education	444	840	561	0408	0728
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Education	444	840	561	0592	0728
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Education	444	840	561	0798	0728
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Education	444	840	561	0838	0728
Fed Monies Via Other Illinois Agency	IEMA-FEMA	444	840	588	0592	1790
Fed Monies Via Other Illinois Agency	Medicaid Special Purpose Trust Fund	444	840	808	0592	2114
Fed Monies Via Other Illinois Agency	Medicaid Special Purpose Trust Fund	444	840	808	0642	2114
Federal Program Income	Recovered Funds-WIC Program	444	841	100	0700	0757
Fed Govt Indirect Cost Reimbursement	Indirect Cost Reimbursement	444	842	000	0001	0764
Fed Govt Indirect Cost Reimbursement	Indirect Cost Reimbursement	444	842	000	0081	0764
Fed Govt Indirect Cost Reimbursement	Indirect Cost Reimbursement	444	842	000	0921	0764
Fines, Penalties or Violations	Fines/Penalty or Violations	444	843	000	0910	0780
Fines, Penalties or Violations	Motor Fuel Use Tax-Decals	444	843	075	0592	1590
Fines, Penalties or Violations	WIC Program Vendors	444	843	500	0700	0812
Fines, Penalties or Violations	Circuit Clerk	444	843	910	0132	0821
Fund Transfers	General Revenue Fund	444	846	001	0081	0827
Fund Transfers	General Revenue Fund	444	846	001	0502	0827
Fund Transfers	General Revenue Fund	444	846	001	0644	0827
Fund Transfers	AABD	444	846	002	0540	1344
Fund Transfers	AFDC	444	846	003	0540	1345
Fund Transfers	Employability Develop Serv	444	846	005	0540	1347
Fund Transfers	Group Home Loan Revolving Fund	444	846	025	0013	1886
Fund Transfers	DHS State Projects Fund	444	846	030	0211	2446
Fund Transfers	DHS Recoveries Trust Fund	444	846	035	0211	2447
Fund Transfers	Refugee	444	846	072	0540	1351
Fund Transfers	Food Stamp Employ & Training	444	846	075	0540	1354
Fund Transfers	Vocational Rehab Fund	444	846	081	0001	0843
Fund Transfers	Vocational Rehab Fund	444	846	081	0036	0843
Rebates	Infant Formula Rebates	444	850	010	0700	2010
Investment Income	Emergency Revolving Fund	444	852	035	0001	0876
Licenses, Fees or Registrations	Charitable Games Act	444	855	095	0001	0935
Licenses, Fees or Registrations	Conference Fees	444	855	097	0690	0937
Licenses, Fees or Registrations	Original & Renewal License	444	855	440	0001	1032
Licenses, Fees or Registrations	Parent Fees	444	855	449	0502	1690
Local Illinois Governmental Units	Local Governments - School Districts	444	858	005	0798	2102

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Miscellaneous	Miscellaneous	444	861	000	0001	1121
Miscellaneous	Miscellaneous	444	861	000	0081	1121
Miscellaneous	Miscellaneous	444	861	000	0276	1121
Miscellaneous	Miscellaneous	444	861	000	0408	1121
Miscellaneous	Miscellaneous	444	861	000	0798	1121
Other Illinois State Agency	Other IL State Agencies	444	861	000	0001	1127
Other Illinois State Agency	Other IL State Agencies	444	864	000	0050	1127
Other Illinois State Agency	Other IL State Agencies	444	864	000	0864	1127
Other Illinois State Agency	General Revenue Fund	444	864	001	0502	1128
Other Illinois State Agency	Framework Project - Aging	444	864	002	0211	2408
Other Illinois State Agency	Framework Project - Aging	444	864	002	0642	2408
Other Illinois State Agency	Framework Project - DCEO	444	864	003	0211	2409
Other Illinois State Agency	Framework Project - DCEO	444	864	003	0642	2409
Other Illinois State Agency	Framework Project - DCFS	444	864	004	0211	2410
Other Illinois State Agency	Framework Project - DCFS	444	864	004	0642	2410
Other Illinois State Agency	Framework Project - DHFS	444	864	005	0211	2411
Other Illinois State Agency	Framework Project - DHFS	444	864	005	0642	2411
Other Illinois State Agency	Framework Project - Public Health	444	864	006	0211	2412
Other Illinois State Agency	Framework Project - Public Health	444	864	006	0642	2412
Other Illinois State Agency	Aging	444	864	402	0509	1631
Other Illinois State Agency	Children & Family Services	444	864	418	0642	1149
Other Illinois State Agency	Commerce and Economic Opportunity	444	864	420	0642	1150
Other Illinois State Agency	IL Department of Labor	444	864	452	0642	2493
Other Illinois State Agency	Public Aid	444	864	478	0001	1158
Other Illinois State Agency	Healthcare and Family Services	444	864	478	0050	1158
Other Illinois State Agency	Public Aid	444	864	478	0502	1158
Other Illinois State Agency	Healthcare and Family Services	444	864	478	0509	1158
Other Illinois State Agency	Healthcare and Family Services	444	864	478	0642	1158
Other Illinois State Agency	Public Health	444	864	482	0642	1159
Other Illinois State Agency	Capital Development Board	444	864	511	0211	2016
Other Illinois State Agency	Capital Development Board	444	864	511	0642	2016
Other Illinois State Agency	IL Criminal Justice Information Authority	444	864	546	0642	1168
Other Illinois State Agency	Housing Development Authority	444	864	551	0642	1746
Other Illinois State Agency	Housing Development Authority	444	864	551	0690	1746
Other Illinois State Agency	Violence Prevention Authority	444	864	559	0642	1558
Other Illinois State Agency	State Board of Education	444	864	586	0408	1172
Other Illinois State Agency	State Board of Education	444	864	586	0502	1172
Other Illinois State Agency	State Board of Education	444	864	586	0592	1172
Other Illinois State Agency	State Board of Education	444	864	586	0798	1172
Other Illinois State Agency	State Board of Education	444	864	586	0642	1172
Other Illinois State Agency	IDOR 711 Fund	444	864	711	0646	2073
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0001	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0343	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0347	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0408	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0502	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0592	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0642	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0646	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0690	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0798	1200
Private Organizations or Individuals	Private Organiza or Indiv	444	870	000	0910	1200
Private Organizations or Individuals	Medical	444	870	040	0421	1204
Private Organizations or Individuals	Assistance to the Homeless	444	870	105	0408	1206
Private Organizations or Individuals	Third Party PMT Medical Record	444	870	180	0495	2532
Rental Income	Program Income	444	876	000	0798	1217
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	444	877	000	0081	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	444	877	000	0495	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	444	877	000	0001	1228

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Reimb. Cost incurred for Federal Government	Local II Governmental Units	444	878	858	0050	1237
Reimb. Cost incurred for Federal Government	Other States	444	878	867	0050	1239
Repayment to State Pursuant to Law	Repayment Pursuant to Law	444	880	000	0001	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	444	880	000	0081	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	444	880	000	0408	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	444	880	000	0502	1243
Repayment to State Pursuant to Law	Returned Locally Held Funds	444	880	575	0001	1267
Repayment to State Pursuant to Law	Returned Petty Cash Fund	444	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	444	880	660	0013	1270
ILLINOIS POWER	ILLINOIS POWER	445	000			
Fund Transfer	IPA Trust Fund	445	846	424	0001	2291
Fund Transfer	IPA Trust Fund	445	846	424	0424	2291
Fund Transfer	IPA Trust Fund	445	846	424	0425	2291
Fund Transfer	IL Power Agency Operations	445	846	425	0001	2580
Fund Transfer	IPA Procurement Operation Fees	445	855	119	0425	2289
Licenses, Fees or Registrations	Supplier Fees for Procurement Events	445	855	223	0425	2518
Licenses, Fees or Registrations	Bid Fees for Procurement Events	445	855	224	0425	2519
Private Organizations or Individuals	Generating Companies	445	870	120	0424	2124
Private Organizations or Individuals	Bid Deposits for Procurement Events	445	870	155	0836	2520
Department of Insurance	Department of Insurance	446	000			
Evaluation of Reserves	Evaluation of Reserve	446	170	000	0001	0106
Fire Marshal Tax	Fire Marshal Tax	446	190	000	0047	0111
Fire Marshal Tax	Fire Marshal Tax	446	190	000	0401	0111
Insurance Claims Reimbursement	Insurance Claims Reimb.	446	307	000	0396	0275
Insurance Claims Reimbursement	Insurance Claims Reimb.	446	307	000	0997	0275
Privilege Tax-Insurance	Privilege Tax-Insurance	446	471	000	0001	0394
Privilege Tax-Insurance	Privilege Tax-Insurance	446	471	000	0378	0394
Privilege Tax-Insurance	Privilege Tax-Insurance	446	471	000	0401	0394
Surplus Line Tax Insurance	Surplus Line Tax Insurance	446	474	000	0001	1846
Surplus Line Tax Insurance	Surplus Line Tax Insurance	446	474	000	0401	1846
Reimb. From Third Party Payee	Reimb./Third Party	446	522	000	0997	0454
Retaliatory Tax	Retaliatory Tax	446	535	000	0001	0468
Retaliatory Tax	Retaliatory Tax	446	535	000	0401	0468
Self Insurers Assessments	Surety Bonds	446	565	020	0739	0500
Self Insurers Assessments	Surety Bonds	446	565	020	0401	0500
Federal Government	DHHS-Office of Consumer Information & Insurance Oversight	446	831	001	0673	2308
Federal Government	Hlth Insurance Rate Review Grant Cycle II	446	831	002	0673	2349
Federal Government	State-Operated Hlth Insurance Exchanges	446	831	003	0673	2350
Federal Government	Health and Human Services	446	831	075	0396	0618
Federal Government	Health and Human Services	446	831	075	0673	0618
Fines, Penalties or Violations	Interest	446	843	061	0997	0794
Fines, Penalties or Violations	Interest on Late Filing Fees	446	843	063	0001	0795
Fines, Penalties or Violations	Interest on Late Filing Fees	446	843	063	0401	0795
Fines, Penalties or Violations	Interest on Late Filing Fees	446	843	063	0546	0795
Fines, Penalties or Violations	Interest on Late Filing Fees	446	843	063	0922	0795
Fines, Penalties or Violations	Interest on Late Filing Fees	446	843	063	0997	0795
Fines, Penalties or Violations	Circuit Clerk	446	843	910	0409	0821
Licenses, Fees or Registrations	Licenses, Fees or Registrations	446	855	000	0546	0915
Licenses, Fees or Registrations	Insurance Producer Appointment Fees	446	855	010	0922	0918
Licenses, Fees or Registrations	Insurance Producer Licenses	446	855	020	0401	0922
Licenses, Fees or Registrations	Insurance Producer Licenses	446	855	020	0922	0922
Licenses, Fees or Registrations	Industrial Commission Operations Surcharge	446	855	070	0401	1847
Licenses, Fees or Registrations	Industrial Commission Operations Surcharge	446	855	070	0534	1847
Licenses, Fees or Registrations	Filing Fees	446	855	200	0401	0959
Licenses, Fees or Registrations	Filing Fees	446	855	200	0546	0959

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	Insurance User Fees	446	855	349	0997	0987
Licenses, Fees or Registrations	Regulatory Licenses and Fees	446	855	415	0001	1015
Licenses, Fees or Registrations	Regulatory Licenses and Fees	446	855	415	0546	1015
Licenses, Fees or Registrations	Regulatory Licenses and Fees	446	855	415	0997	1015
Licenses, Fees or Registrations	Performance Examinations	446	855	460	0922	1039
Independent Procurement Tax	Independent Procurement Tax	446	857	000	0001	2510
Independent Procurement Tax	Independent Procurement Tax	446	857	000	0047	2510
Miscellaneous	Miscellaneous	446	861	000	0001	1121
Miscellaneous	Miscellaneous	446	861	000	0401	1121
State Jury Duty & Personal Phone Calls	State Jury Duty & Personal Phone Calls	446	877	000	0396	1228
Reim Cost Incurred for Federal Government	Reim Cost Incurred for Federal Government	446	878	000	0922	1234
Reim Cost Incurred for Federal Government	Reim Cost Incurred for Federal Government	446	878	000	0997	1234
Repayment to State Pursuant to Law	Returned Petty Cash Fund	446	880	600	0396	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	446	880	600	0997	1270
Reimbursements	Prog Beneficiary Reimbursement	446	890	085	0409	2552
Department of Innovation and Technology	Department of Innovation and Technology	448	000			
Federal Government	Federal Government/Various	448	831	000	0312	1748
Local Illinois Governmental Units	Local Illinois Governmental Units	448	858	000	0304	1114
Local Illinois Governmental Units	Local Illinois Governmental Units	448	858	000	0312	1114
Miscellaneous	Miscellaneous	448	861	000	0304	1121
Miscellaneous	Miscellaneous	448	861	000	0312	1121
Other Illinois State Agency	Other Illinois State Agency	448	864	000	0304	1127
Other Illinois State Agency	Other Illinois State Agency	448	864	000	0312	1127
Private Organizations or Individuals	Private Organiza or Indiv	448	870	000	0304	1200
Private Organizations or Individuals	Private Organiza or Indiv	448	870	000	0312	1200
Department of Labor	Dept. of Labor	452	000			
General Office	General Office	452	220	000	0001	0114
Labor Standards	Labor Standards	452	335	000	0001	0289
Wage Claims	Wage Claims	452	640	000	0251	0523
Federal Government	OSHA Consultation Grant	452	831	017	0726	2340
Federal Government	Environmental Protection Agency	452	831	060	0724	0608
Federal Government	Dept. of Labor	452	831	120	0724	0630
Fines, Penalties or Violations	Fines/Penalty or Violations	452	843	000	0001	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	452	843	000	0885	0780
Fines, Penalties or Violations	Civil Penalties	452	843	012	0001	0782
Fines, Penalties or Violations	Civil Penalties	452	843	012	0357	0782
Fines, Penalties or Violations	Civil Penalties	452	843	012	0446	0782
Fines, Penalties or Violations	Carnival & Amusement Rides Fines	452	843	046	0001	2299
Fines, Penalties or Violations	Carnival & Amusement Rides Fines	452	843	046	0051	2299
Fines, Penalties or Violations	Pollution Control Fees	452	843	100	0001	0803
Fines, Penalties or Violations	Administrative Fees	452	855	003	0885	1483
Licenses, Fees or Registrations	Copy Fees	452	855	100	0001	0939
Licenses, Fees or Registrations	Carnival Amusement Ride Inspection	452	855	101	0001	1537
Licenses, Fees or Registrations	Carnival Amusement Ride Inspection	452	855	101	0051	1537
Licenses, Fees or Registrations	Day Labor Agencies	452	855	145	0357	1616
Licenses, Fees or Registrations	Nurse Agencies	452	855	429	0001	1027
Licenses, Fees or Registrations	Private Employer Agn Inspect	452	855	490	0001	1051
Licenses, Fees or Registrations	Private Employer Agn Inspect	452	855	490	0357	1051
Private Organizations or Individuals	Private Organizations/ Individuals	452	870	000	0251	1200
Department of Lottery	Department of Lottery	458	000			
Lottery	Lottery - Daily Settlement	458	380	002	0711	0302
Lottery	Lottery - Subscription Sales	458	380	003	0711	0303
Lottery	Ticket for the Cure Game	458	380	004	0208	2035
Lottery	IL Veterans' Scratch-Off Game	458	380	005	0236	2071
Lottery	MS Research Instant Game	458	380	006	0429	2162
Lottery	Quality of Life Game	458	380	007	0437	2139

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Lottery	Go for Gold Scratch-Off Game	458	380	008	0073	2516
Rental Income	Rental Income	458	523	000	0711	0455
Fund Transfers	Lottery Fund	458	846	711	0694	2269
Investment Income	Interest Income - State Lottery	458	852	105	0978	0883
Investment Income	Interest Income - First Starr MMA	458	852	221	0412	1796
Licenses, Fees or Registrations	Lottery Agents	458	855	395	0711	0998
Miscellaneous	Miscellaneous	458	861	000	0618	1121
Miscellaneous	Miscellaneous	458	861	000	0711	1121
Repayment to State Pursuant to Law	Repayment/Lottery Excess	458	880	595	0711	1407
Repayment to State Pursuant to Law	Returned Petty Cash Fund	458	880	600	0711	1270
Department of Military Affairs	Dept. of Military Affairs	466	000			
Sale of Land	Sale of Land & Structures	466	540	000	0927	0471
Federal Government	Army/Navy-Military Youth Cor	466	831	026	0333	0597
Federal Government	Defense,Department of	466	831	055	0001	0604
Federal Government	Defense,Department of	466	831	055	0333	0604
Federal Government	U.S. Customs Service	466	831	197	0043	0651
Federal Monies Via other Illinois Agency	IEMA-FEMA	466	840	588	0001	1790
Federal Monies Via other Illinois Agency	IEMA-FEMA	466	840	588	0730	1790
Miscellaneous	Miscellaneous	466	861	000	0001	1121
Other Illinois State Agencies	Other Illinois State Agencies	466	864	000	0333	1127
Private Organizations or Individuals	Private Organiza or Indiv	466	870	000	0043	1200
Private Organizations or Individuals	Private Organiza or Indiv	466	870	000	0725	1200
Private Organizations or Individuals	Billeting Operations Proceeds	466	870	150	0076	2512
Rental Income	Property	466	876	500	0043	1225
State Jury Duty and Personal Phone Calls	State Jury Duty and Personal Phone Calls	466	877	000	0333	1228
Repayment to State Pursuant to Law	National Guard Grant Repayment	466	880	025	0721	1873
Health Care and Family Services	Health Care and Family Services	478	000			
Child Support Collection	Federal Tax Offsets	478	063	010	0957	1770
Child Support Collection	State Tax Offsets	478	063	015	0957	1771
Child Support Collection	Clerk of Circuit Court	478	063	020	0957	1772
Child Support Collection	Unemployment Benefits	478	063	025	0957	1773
Child Support Collection	Earnfare Employment/Training	478	063	030	0957	1774
Child Support Collection	Interstate Collections	478	063	035	0957	1775
Child Support Collection	Fed. Institutions Data Match	478	063	040	0957	1776
Child Support Collection	Private Collection Agencies	478	063	050	0957	1778
Child Support Collection	State Disbursement Unit	478	063	055	0957	1779
Child Support Collection	Responsible Relative (NCP)	478	063	060	0957	1780
Child Support Collection	Credit Bureau Reporting	478	063	065	0957	1787
Insurance Premiums - Veterans	Insurance Premiums - Veterans	478	232	000	0236	2088
Health Care Provider Participation Fee	Health Care Pro Quarter Fee	478	239	010	0329	0128
Health Care Provider Participation Fee	Health Care Pro Sup. Fee	478	239	011	0329	0129
Health Care Provider Tax	Health Care Provider Tax	478	241	100	0344	0133
Health Care Provider Tax	Health Care Provider Tax	478	241	100	0346	0133
Health Care Provider Tax	Health Care Provider Tax	478	241	100	0345	0133
Health Care Provider Tax	Health Care Provider Tax	478	241	100	0401	0133
Program Income	Program Income	478	472	000	0737	0395
Recipient Collections	Medicaid Payments	478	495	037	0740	1691
Recipient Collections	Medical	478	495	040	0421	0431
Recipient Collections	Child Health Insurance	478	495	080	0001	1500
Recipient Collections	Child Support Overpayments	478	495	100	0957	2072
Recipient Collections	Medical-Circuit Clerk	478	495	940	0421	0435
Recipient Payments - Medical	Medicaid Spend-Down	478	501	010	0001	2127
Court and Anti-Trust Distribution	Court & Anti-Trust Distribution	478	820	005	0421	2009
Federal Government	Title XIX Reimbursements	478	831	004	0654	2372
Federal Government	Behavioral Health Care Integration	478	831	006	0808	2375
Federal Government	Health and Human Services	478	831	075	0120	0618
Federal Government	Health and Human Services	478	831	075	0136	0618
Federal Government	Health and Human Services	478	831	075	0142	0618
Federal Government	Health and Human Services	478	831	075	0211	0618

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	Health and Human Services	478	831	075	0220	0618
Federal Government	Health and Human Services	478	831	075	0329	0618
Federal Government	Health and Human Services	478	831	075	0344	0618
Federal Government	Health and Human Services	478	831	075	0345	0618
Federal Government	Health and Human Services	478	831	075	0346	0618
Federal Government	Health and Human Services	478	831	075	0355	0618
Federal Government	Health and Human Services	478	831	075	0360	0618
Federal Government	Health and Human Services	478	831	075	0365	0618
Federal Government	Health and Human Services	478	831	075	0397	0618
Federal Government	Health and Human Services	478	831	075	0421	0618
Federal Government	Health and Human Services	478	831	075	0502	0618
Federal Government	Health and Human Services	478	831	075	0509	0618
Federal Government	Health and Human Services	478	831	075	0522	0618
Federal Government	Health and Human Services	478	831	075	0523	0618
Federal Government	Health and Human Services	478	831	075	0718	0618
Federal Government	Health and Human Services	478	831	075	0720	0618
Federal Government	Health and Human Services	478	831	075	0728	0618
Federal Government	Health and Human Services	478	831	075	0748	0618
Federal Government	Health and Human Services	478	831	075	0793	0618
Federal Government	Health and Human Services	478	831	075	0808	0618
Federal Government	HHS/Hospital Participation	478	831	675	0329	0660
Federal Government	USDA Food Stamp Admin.	478	831	710	0408	0661
Federal Government	Health Standards Quality	478	831	805	0001	0674
Federal Government	Health Standards Quality	478	831	805	0285	0674
Federal Government	Medical Administration	478	831	815	0001	0675
Federal Government	Medical Administration	478	831	815	0793	0675
Federal Government	Medical Administration	478	831	815	0808	0675
Federal Government	Medical Assistance	478	831	820	0001	0676
Federal Government	Medical Assistance	478	831	820	0733	0676
Federal Government	DHHS/FFP-Medicaid Rehab	478	831	838	0575	1552
Federal Government	Title IV-D	478	831	855	0001	0679
Federal Government	Title IV-D Administration	478	831	860	0757	0680
Federal Government	Enhanced Fed Financial Participation-ARRA	478	831	998	0001	2306
Federal Government	Enhanced Fed Financial Participation-ARRA	478	831	998	0421	2306
Federal Government	Enhanced Fed Financial Participation-ARRA	478	831	998	0503	2306
Federal Government	Enhanced Fed Financial Participation-ARRA	478	831	998	0793	2306
Federal Government	Enhanced Fed Financial Participation-ARRA	478	831	998	0808	2306
Federal Government	Federal Stimulus Package	478	831	999	0808	2178
Fed Reimb. Portion 421 Fund	Food Stamp Administration	478	832	710	0001	0687
Fed Reimb. Portion 421 Fund	Medical Administration	478	832	815	0001	0691
Fed Reimb. Portion 421 Fund	Medical Assistance	478	832	820	0001	0692
Fed Reimb. Portion 421 Fund	Medical Assistance	478	832	820	0728	0692
Fed Reimb. Portion 421 Fund	Refugee Entrant Program	478	832	835	0001	0693
Fed Reimb. Portion 421 Fund	Title IV-D/Child Support	478	832	860	0001	0694
Fed Monies Via Other Illinois Agency	Department of Insurance	478	840	012	0808	2364
Fed Monies Via Other Illinois Agency	Department of Public Health	478	840	413	0808	2316
Fed Monies Via Other Illinois Agency	IDPH-HHS/CMS	478	840	482	0345	2076
Fines, Penalties or Violations	Hospital Providers PPR Penalties	478	843	031	0136	2502
Fines, Penalties or Violations	Hospital Providers PPR Penalties	478	843	031	0793	2502
Fines, Penalties or Violations	Encounter Data Penalty Payments	478	843	032	0793	2562
Fund Transfers	General Revenue Fund	478	846	001	0203	0827
Fund Transfers	General Revenue Fund	478	846	001	0421	0827
Fund Transfers	General Revenue Fund	478	846	001	0577	0827
Fund Transfers	General Revenue Fund	478	846	001	0757	0827
Fund Transfers	General Revenue Fund	478	846	001	0793	0827
Fund Transfers	Hospital Provider Fund	478	846	060	0001	2526
Fund Transfers	DPA Public Asst. Recov. Trust	478	846	421	0001	1654

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fund Transfers	Public Assistance Recoveries Trust	478	846	421	0808	1654
Fund Transfers	Child Support Enforcement Trust Fund	478	846	957	0421	2174
Investment Income	Emergency Revolving Fund	478	852	035	0001	0876
Investment Income	State Disb. Unit Revolving Fund	478	852	045	0001	1799
Licenses, Fees or Registrations	LTC Provider Monthly Assessment	478	855	164	0345	2374
Licenses, Fees or Registrations	LTC Provider Monthly Assessment	478	855	164	0401	2374
Licenses, Fees or Registrations	User Fees	478	855	718	0341	1092
Local Illinois Governmental Units	Cook County	478	858	028	0001	1118
Miscellaneous	Miscellaneous	478	861	000	0001	1121
Other Illinois State Agency	Other Illinois State Agency	478	864	000	0522	1127
Other Illinois State Agency	Other Illinois State Agency	478	864	000	0550	1127
Other Illinois State Agency	Other Illinois State Agency	478	864	000	0720	1127
Other Illinois State Agency	Other Illinois State Agency	478	864	000	0793	1127
Other Illinois State Agency	Other Illinois State Agency	478	864	000	0808	1127
Other Illinois State Agency	Dept. of Child & Family Services	478	864	418	0720	1149
Other Illinois State Agency	Dept. of Human Services	478	864	444	0720	1466
Other Illinois State Agency	Public Aid	478	864	478	0001	1158
Other Illinois State Agency	University of Illinois	478	864	676	0136	1182
Other Illinois State Agency	DHS TANF/TECH	478	864	876	0793	2515
Other Illinois State Agency	DHS TANF/TECH	478	864	876	0808	2515
Private Organizations or Individuals	Private Organiza or Indiv	478	870	000	0550	1200
Private Organizations or Individuals	Private Organiza or Indiv	478	870	000	0757	1200
Private Organizations or Individuals	Utility Assistance Donations	478	870	005	0555	1885
Private Organizations or Individuals	Admin Reimbursements	478	870	015	0421	1202
Private Organizations or Individuals	Medical	478	870	040	0421	1204
Private Organizations or Individuals	Third Party Liability	478	870	080	0421	1205
Contracts & Grants-Private Organizations	Contracts & Grants-Private Org.	478	871	000	0808	1953
Repayment to State Pursuant to Law	Involuntary Withholding Collection	478	880	015	0957	1810
Repayment to State Pursuant to Law	Prepaid Blood Testing Fees	478	880	562	0757	1264
Repayment to State Pursuant to Law	Returned Petty Cash Fund	478	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	478	880	600	0421	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	478	880	600	0757	1270
Repayment to State Pursuant to Law	Restitutions	478	880	725	0757	1283
Out of Court Settlement	Settlement Proceeds	478	886	002	0001	2122
Reimbursement	Medical Reimbursements	478	890	010	0720	1954
Reimbursement	Medical Reimbursements	478	890	010	0793	1954
Department of Public Health	Department of Public Health	482	000			
Reimbursement From Third Party Payee	Reimbursement/Third Party	482	522	000	0063	0454
Reimbursement From Third Party Payee	Reimbursement/Third Party	482	522	000	0920	0454
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-GRF	482	820	030	0168	2396
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-Othr St	482	820	035	0168	2397
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-Fed	482	820	040	0168	2398
Federal Government	Commerce, Department of	482	831	050	0063	0600
Federal Government	Consumer Product Safety Comm	482	831	053	0001	0602
Federal Government	Environmental Protection Agency	482	831	060	0063	0608
Federal Government	Emergency Management Agency	482	831	068	0063	0613
Federal Government	Health and Human Services	482	831	075	0001	0618
Federal Government	Health and Human Services	482	831	075	0063	0618
Federal Government	Health and Human Services	482	831	075	0327	0618
Federal Government	Health and Human Services	482	831	075	0360	0618
Federal Government	Health and Human Services	482	831	075	0838	0618
Federal Government	Housing & Urban Development	482	831	090	0063	0624
Federal Government	Housing & Urban Development	482	831	090	0360	0624
Federal Government	Labor,Department of	482	831	120	0063	0630
Federal Government	HHS Federal Block Grant	482	831	575	0872	0655
Federal Government	HHS Federal Block Grant	482	831	575	0873	0655
Federal Government	Federal Stimulus Package	482	831	999	0063	2178
Federal Government	Federal Stimulus Package	482	831	999	0896	2178
Federal Monies Via Other State or Org.	Fed. Monies via Other State or Org.	482	837	000	0063	1381
Federal Monies Via Other State or Org.	Michigan State University	482	837	090	0063	1480

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fed Monies Via Other Illinois Agency	Department of Insurance	482	840	012	0063	2364
Fed Monies Via Other Illinois Agency	US Environmental Protection	482	840	065	0063	0708
Fed Monies Via Other Illinois Agency	Special Purpose Trust Fund	482	840	408	0063	0720
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Agriculture	482	840	410	0001	0721
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Agriculture	482	840	410	0014	0721
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Agriculture	482	840	410	0063	0721
Fed Monies Via Other Illinois Agency	DHS-Fed Projects Fund	482	840	444	0063	1657
Fed Govt Indirect Cost Reimbursement	Indirect Cost Reimbursement	482	842	000	0001	0764
Fed Govt Indirect Cost Reimbursement	Indirect Cost Reimbursement	482	842	000	0896	0764
Fines, Penalties or Violations	Fines/Penalty or Violations	482	843	000	0001	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	482	843	000	0014	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	482	843	000	0063	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	482	843	000	0118	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	482	843	000	0175	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	482	843	000	0287	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	482	843	000	0360	0780
Fines, Penalties or Violations	Smoke Free Illinois Act	482	843	008	0001	2129
Fines, Penalties or Violations	Private Sewage Disposal Program Fines	482	843	011	0790	2234
Fines, Penalties or Violations	Civil Penalties	482	843	012	0576	0782
Fines, Penalties or Violations	Civil Penalties	482	843	012	0702	0782
Fines, Penalties or Violations	Civil Penalties - Long Term Care	482	843	020	0371	1879
Fines, Penalties or Violations	Fed Civil Pen-Home Health Agencies	482	843	037	0063	2588
Fines, Penalties or Violations	Long Term Care	482	843	042	0285	0791
Fines, Penalties or Violations	EMS Ambulance Companies	482	843	155	0398	0807
Fines, Penalties or Violations	Swimming Facilities	482	843	815	0118	1695
Fines, Penalties or Violations	Plumbing Violations	482	843	845	0372	1711
Fines, Penalties or Violations	Circuit Clerk	482	843	910	0764	0821
Fund Transfers	General Revenue Fund	482	846	001	0015	0827
Fund Transfers	General Revenue Fund	482	846	001	0135	0827
Fund Transfers	General Revenue Fund	482	846	001	0360	0827
Licenses, Fees or Registrations	Licenses, Fees or Registrations	482	855	000	0287	0915
Licenses, Fees or Registrations	Licenses, Fees or Registrations	482	855	000	0702	0915
Licenses, Fees or Registrations	Asbestos Removal/Personnel	482	855	028	0175	0924
Licenses, Fees or Registrations	Safe Bottled Water Act Fees	482	855	033	0115	1986
Licenses, Fees or Registrations	Tattoo & Body Piercing Establishments	482	855	067	0327	2190
Licenses, Fees or Registrations	Certificate of Need/Nurse Home	482	855	076	0524	1409
Licenses, Fees or Registrations	Certificate of Need/Hospital	482	855	077	0524	1412
Licenses, Fees or Registrations	Mobile Home Park Spaces	482	855	079	0118	2128
Licenses, Fees or Registrations	Private Sewage Disposal Program Fees	482	855	088	0790	2233
Licenses, Fees or Registrations	J-1 Visa Waiver Program Application Fees	482	855	138	0048	2506
Licenses, Fees or Registrations	EMS Ambulance Companies	482	855	155	0398	0952
Licenses, Fees or Registrations	Hospital License Fees	482	855	194	0068	2495
Licenses, Fees or Registrations	Free Sale; Health Certificates	482	855	195	0014	1759
Licenses, Fees or Registrations	Med Cannabis Registry ID Card	483	855	196	0075	2496
Licenses, Fees or Registrations	Hospital Fees	483	855	217	0104	2509
Licenses, Fees or Registrations	Stretcher Van Licenses	483	855	219	0779	2539
Licenses, Fees or Registrations	Food Managers	482	855	244	0014	0970
Licenses, Fees or Registrations	Laboratory Fees	482	855	355	0340	0989
Licenses, Fees or Registrations	Milk Licensing	482	855	398	0014	1001
Licenses, Fees or Registrations	Manufactured Home License	482	855	422	0118	1712
Licenses, Fees or Registrations	Original & Renewal License	482	855	440	0118	1032
Licenses, Fees or Registrations	Original & Renewal License	482	855	440	0576	1032
Licenses, Fees or Registrations	Eligible Medicaid Children	482	855	478	0360	1045
Licenses, Fees or Registrations	Tanning Facilities	482	855	592	0370	1082
Licenses, Fees or Registrations	Sub-Acute Care Facilities	482	855	593	0388	1083
Licenses, Fees or Registrations	Water Permit	482	855	730	0256	1096
Licenses, Fees or Registrations	Vital Records	482	855	814	0001	1101
Licenses, Fees or Registrations	Vital Records	482	855	814	0635	1101
Licenses, Fees or Registrations	Vital Records	482	855	814	0792	1101
Licenses, Fees or Registrations	Swimming Facilities	482	855	815	0118	1694
Licenses, Fees or Registrations	Laboratory Analysis	482	855	817	0360	1102

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	Laboratory Analysis	482	855	817	0920	1102
Licenses, Fees or Registrations	Certification of Need	482	855	820	0238	1103
Licenses, Fees or Registrations	Adoption Registry	482	855	821	0638	1623
Licenses, Fees or Registrations	Life Care Facilities	482	855	825	0001	1104
Licenses, Fees or Registrations	Certify/Hearing Aid Dispense	482	855	837	0938	1107
Licenses, Fees or Registrations	Lead Inspector Fees	482	855	839	0360	1108
Licenses, Fees or Registrations	Div of Environmental Health	482	855	840	0001	1109
Licenses, Fees or Registrations	Div of Environmental Health	482	855	840	0372	1109
Licenses, Fees or Registrations	Div of Foods, Drugs & Dairy	482	855	841	0001	1110
Licenses, Fees or Registrations	Long Term Care	482	855	842	0001	1395
Licenses, Fees or Registrations	Long Term Care	482	855	842	0285	1395
Licenses, Fees or Registrations	Health Care Facility & Prog	482	855	843	0001	1112
Licenses, Fees or Registrations	Plumbing Licensure Program	482	855	845	0372	1543
Miscellaneous	Miscellaneous	482	861	000	0001	1121
Other Illinois State Agency	Healthcare and Family Services	482	864	478	0896	1158
Other Illinois State Agency	Build Illinois	482	864	971	0896	1739
Private Organizations or Individuals	Private Organiza or Indiv	482	870	000	0015	1200
Private Organizations or Individuals	Private Organiza or Indiv	482	870	000	0060	1200
Private Organizations or Individuals	Private Organiza or Indiv	482	870	000	0135	1200
Private Organizations or Individuals	Private Organiza or Indiv	482	870	000	0340	1200
Private Organizations or Individuals	Private Organiza or Indiv	482	870	000	0626	1200
Private Organizations or Individuals	Private Organiza or Indiv	482	870	000	0654	1200
Private Organizations or Individuals	Private Organiza or Indiv	482	870	000	0896	1200
Private Organizations or Individuals	Pharmaceutical Rebates	482	870	085	0063	1968
Private Organizations or Individuals	Epidemiological Studies	482	870	265	0001	1210
Repayment to State Pursuant to Law	Family Practice Scholarships	482	880	010	0001	1376
Repayment to State Pursuant to Law	Family Practice Scholarships	482	880	010	0113	1376
Repayment to State Pursuant to Law	Baccalaureate Nursing Loans	482	880	030	0001	1377
Repayment to State Pursuant to Law	Restitutions	482	880	725	0294	1283
Subscription or Publication Sales	Opinion Subscriptions	482	888	040	0277	1386
Subscription or Publication Sales	Public Health-Formulary	482	888	042	0014	1297
Department of Revenue	Department of Revenue	492	000			
Admission Tax	Admission Tax-Racetracks	492	015	100	0001	0002
Admission Tax	Admission Tax-Boat & Gambling	492	015	150	0129	0003
Automobile Renting Tax	Auto Renting Tax-Counties	492	030	100	0869	0033
Automobile Renting Tax	Auto Rent Tax/Municipality	492	030	200	0868	0034
Automobile Renting Tax	Auto Rent Tax/MPEA	492	030	250	0337	0035
Automobile Renting Tax	Auto Renting Tax-State	492	030	300	0001	0036
Automobile Renting Tax	Auto Rent Tax/State - Amnesty	492	030	900	0001	1903
Automobile Renting Tax	Auto Rent Tax/State - Amnesty	492	030	900	0384	1903
Automobile Renting Tax	Auto Rent Tax/State - Amnesty	492	030	900	0412	1903
Automobile Renting Tax	Auto Rent Tax/MPEA - Amnesty	492	030	901	0337	1920
Automobile Renting Tax	Auto Rent Tax/Muni. - Amnesty	492	030	902	0868	1921
Automobile Renting Tax	Auto Rent Tax/County - Amnesty	492	030	903	0869	1922
Bingo License Fees	Bingo License Fees	492	040	000	0001	0037
Charitable Game License Fees	Charitable Game License Fees	492	043	000	0085	0039
Bingo Tax	Bingo Tax	492	045	000	0050	0040
Bingo Tax	Bingo Tax	492	045	100	0412	0041
Bingo Tax	Bingo Tax - Amnesty	492	045	900	0050	1917
Bingo Tax	Bingo Tax - Amnesty	492	045	900	0384	1917
Bingo Tax	Bingo Tax - Amnesty	492	045	900	0412	1917
Charitable Games Tax	Charitable Games Tax	492	047	000	0085	0043
Charitable Games Tax	Charitable Games Tax - Amnesty	492	047	900	0085	1900
Charitable Games Tax	Charitable Games Tax - Amnesty	492	047	900	0384	1900
Charitable Games Tax	Charitable Games Tax - Amnesty	492	047	900	0412	1900
Drycleaner Tax	Drycleaner Tax	492	048	000	0548	1428
Drycleaner Tax	Drycleaner Tax - Amnesty	492	048	900	0384	1919
Drycleaner Tax	Drycleaner Tax - Amnesty	492	048	900	0548	1919
Cigarette Tax	Cigarette Tax	492	070	100	0001	0049
Cigarette Tax	Cigarette Tax	492	070	100	0345	0049

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Cigarette Tax	Cigarette Tax	492	070	100	0384	0049
Cigarette Tax	Cigarette Tax	492	070	100	0412	0049
Cigarette Tax	Cigarette Tax	492	070	100	0568	0049
Cigarette Tax	Cigarette Tax	492	070	100	0793	0049
Cigarette Tax	One-Half Mill Cigarette Tax	492	070	101	0001	2387
Cigarette Tax	Cigarette Use Tax	492	070	200	0001	0050
Cigarette Tax	Cigarette Use Tax	492	070	200	0345	0050
Cigarette Tax	Cigarette Use Tax	492	070	200	0384	0050
Cigarette Tax	Cigarette Use Tax	492	070	200	0412	0050
Cigarette Tax	Cigarette Use Tax	492	070	200	0568	0050
Cigarette Tax	Cigarette Use Tax	492	070	200	0793	0050
Cigarette Tax	Tobacco Products	492	070	300	0345	0051
Cigarette Tax	Tobacco Products	492	070	300	0401	0051
Cigarette Tax	Tobacco Products	492	070	300	0793	0051
Cigarette Tax	Rolled Cigarettes	492	070	400	0793	2376
Cigarette Tax	Operators License for Cigarette Machines	492	070	450	0793	2377
Cigarette Tax	Protested Floor Stock Tax	492	070	793	0401	2386
Cigarette Tax	Other Tobacco Prod. Tax - Amnesty	492	070	900	0345	1911
Cigarette Tax	Other Tobacco Prod. Tax - Amnesty	492	070	900	0384	1911
Cigarette Tax	Cigarette Tax - Amnesty	492	070	901	0001	1914
Cigarette Tax	Cigarette Tax - Amnesty	492	070	901	0345	1914
Cigarette Tax	Cigarette Tax - Amnesty	492	070	901	0384	1914
Cigarette Tax	Cigarette Tax - Amnesty	492	070	901	0412	1914
Cigarette Tax	Cigarette Tax - Amnesty	492	070	901	0568	1914
Cigarette Tax	Cigarette Use Tax - Amnesty	492	070	902	0001	1915
Cigarette Tax	Cigarette Use Tax - Amnesty	492	070	902	0345	1915
Cigarette Tax	Cigarette Use Tax - Amnesty	492	070	902	0384	1915
Cigarette Tax	Cigarette Use Tax - Amnesty	492	070	902	0412	1915
Cigarette Tax	Cigarette Use Tax - Amnesty	492	070	902	0568	1915
Coin Operators Amusement Tax	Coin Operators Amusement Tax	492	075	000	0001	0053
Concessionaire Revenue	Vendor Commissions-Pepsi	492	090	010	0272	2209
Concessionaire Revenue	Vendor Commissions-Pepsi	492	090	010	0273	2209
Concessionaire Revenue	Vendor Commissions-Pepsi	492	090	010	0798	2209
Concessionaire Revenue	Vendor Commissions-Pepsi	492	090	010	0980	2209
County Water Commission	County Water Comm Sales Tax	492	093	600	0084	0058
County Water Commission	Co Water Comm ROT/Excel	492	093	650	0084	0059
County Water Commission	Co. Wtr. Comm. Sls.Tax-Amnesty	492	093	900	0084	1940
County Option Motor Fuel Tax	County Option Motor Fuel Tax	492	132	000	0190	0071
County Option Motor Fuel Tax	Co. Option Motor Fuel Tax-Amnesty	492	132	900	0190	1935
Deferred Real Estate Tax Reimb.	Defer Real Estate Tax Reim	492	134	000	0930	0073
Hotel Operators Tax	Hotel Operators Tax	492	245	000	0452	0138
Hotel Operators Tax	Hotel Operators Tax - Amnesty	492	245	900	0452	1927
Hotel Operator's Occupation Tax	Hotel Operators Occu Tax	492	250	000	0001	0139
Hotel Operator's Occupation Tax	Hotel Operators Occu Tax	492	250	000	0401	0139
Hotel Operator's Occupation Tax	Hotel Operators Occu Tax	492	250	000	0621	0139
Hotel Operator's Occupation Tax	Hotel Operators Occu Tax	492	250	000	0624	0139
Hotel Operator's Occupation Tax	Hotel Operators Occu Tax	492	250	000	0960	0139
Hotel Operator's Occupation Tax	Hotel Operators Occu Tax	492	250	000	0969	0139
Hotel Operator's Occupation Tax	Metropo Pier & Expo Auth	492	250	050	0337	0140
Hotel Operator's Occupation Tax	Subsidy Account	492	250	100	0225	0141
Hotel Operator's Occupation Tax	Advance Account	492	250	200	0225	0142
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	621	0001	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	621	0401	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	621	0621	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	621	0624	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	621	0960	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	621	0969	0139
Hotel Operator's Occupation Tax	Hotel Oper. Occup. Tax - Amnesty	492	250	900	0001	1904
Hotel Operator's Occupation Tax	Hotel Oper. Occup. Tax - Amnesty	492	250	900	0384	1904
Hotel Operator's Occupation Tax	Hotel Oper. Occup. Tax - Amnesty	492	250	900	0412	1904
Hotel Operator's Occupation Tax	Hotel Oper. Occup. Tax - Amnesty	492	250	900	0621	1904

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Hotel Operator's Occupation Tax	Hotel Oper. Occup. Tax - Amnesty	492	250	900	0960	1904
Hotel Operator's Occupation Tax	Hotel Oper. Occup. Tax - Amnesty	492	250	900	0969	1904
Hotel Operator's Occupation Tax	Metro. Pier & Expo. Auth.-Amnesty	492	250	901	0337	1926
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	969	0001	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	969	0401	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	969	0621	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	969	0624	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	969	0960	0139
Hotel Operator's Occupation Tax	Hotel Operator's Occupation Tax	492	250	969	0969	0139
World's Fair Hotel Tax	Chicago Hotel Operators-Tax	492	251	000	0229	0143
World's Fair Hotel Tax	Chicago Hotel Oper. Tax-Amnesty	492	251	900	0229	1925
Hotel Operators Occupational Tax/Additional	Hotel Operator Tax/Addition	492	252	000	0960	0144
Hotel Operators Occupational Tax/Additional	Hotel Oper-1% Add'l - Amnesty	492	252	900	0960	1947
Income Tax	Individual	492	290	001	0001	0147
Income Tax	Individual	492	290	001	0007	0147
Income Tax	Individual	492	290	001	0278	0147
Income Tax	Individual	492	290	001	0401	0147
Income Tax	Individual	492	290	001	0640	0147
Income Tax	Individual	492	290	001	0644	0147
Income Tax	Corporate	492	290	002	0001	0148
Income Tax	Corporate	492	290	002	0007	0148
Income Tax	Corporate	492	290	002	0278	0148
Income Tax	Corporate	492	290	002	0401	0148
Income Tax	Corporate	492	290	002	0640	0148
Income Tax	Corporate	492	290	002	0644	0148
Income Tax	PPRT-Person Prop Tax Replace	492	290	003	0278	0149
Income Tax	PPRT-Person Prop Tax Replace	492	290	003	0401	0149
Income Tax	PPRT-Person Prop Tax Replace	492	290	003	0802	0149
Income Tax	Household Payroll	492	290	004	0001	2224
Income Tax	Household Payroll	492	290	004	0007	2224
Income Tax	Household Payroll	492	290	004	0278	2224
Income Tax	5% Individual Income Tax Cash Receipts	492	290	100	0384	2494
Income Tax	Indiv. Income Tax Pass-Through	492	290	150	0001	2582
Income Tax	Indiv. Income Tax Pass-Through	492	290	150	0007	2582
Income Tax	Indiv. Income Tax Pass-Through	492	290	150	0278	2582
Income Tax	5% Income Tax Cash Receipts	492	290	200	0384	2488
Income Tax	5% PPRT Cash Receipts	492	290	300	0384	2489
Income Tax	Indiv. Income Tax - Amnesty	492	290	900	0001	1905
Income Tax	Indiv. Income Tax - Amnesty	492	290	900	0007	1905
Income Tax	Indiv. Income Tax - Amnesty	492	290	900	0278	1905
Income Tax	Indiv. Income Tax - Amnesty	492	290	900	0384	1905
Income Tax	Indiv. Income Tax - Amnesty	492	290	900	0412	1905
Income Tax	Corp. Income Tax - Amnesty	492	290	901	0001	1906
Income Tax	Corp. Income Tax - Amnesty	492	290	901	0007	1906
Income Tax	Corp. Income Tax - Amnesty	492	290	901	0278	1906
Income Tax	Corp. Income Tax - Amnesty	492	290	901	0384	1906
Income Tax	Corp. Income Tax - Amnesty	492	290	901	0412	1906
Income Tax	PPRT-Per.Prop.Repl.Tx-Amnesty	492	290	902	0802	1923
Liquor Tax	Liquor Tax	492	350	000	0001	0294
Liquor Tax	Liquor Tax	492	350	000	0401	0294
Liquor Tax	Liquor Tax	492	350	000	0694	0294
Liquor Tax	Liquor Tax - Amnesty	492	350	900	0001	1907
Liquor Tax	Liquor Tax - Amnesty	492	350	900	0384	1907
Liquor Tax	Liquor Tax - Amnesty	492	350	900	0412	1907
Loan Repayments	Home Loan Repayments-Recapture	492	355	005	0286	2116
Loan Repayments	Home Loan Repayments-Recapture	492	355	005	0338	2116
Loan Repayments	Loan Repayments-Interest	492	355	025	0286	0296
Loan Repayments	Loan Repayments-Interest	492	355	025	0338	0296
Loan Repayments	Loan Repayments-Principal	492	355	050	0286	0297
Loan Repayments	Loan Repayments-Principal	492	355	050	0338	0297

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Lottery	Lottery - Daily Settlement	492	380	002	0711	0302
Lottery	Lottery - Subscription Sales	492	380	003	0711	0303
Lottery	Ticket for the Cure Game	492	380	004	0208	2035
Lottery	IL Veterans' Scratch-Off Game	492	380	005	0236	2071
Lottery	MS Research Instant Game	492	380	006	0429	2162
Lottery	Quality of Life Game	492	380	007	0437	2139
Metro East Mass Transit Tax District	Metro East-Sales Tax	492	393	600	0384	0313
Metro East Mass Transit Tax District	Metro East-Sales Tax	492	393	600	0401	0313
Metro East Mass Transit Tax District	Metro East-Sales Tax	492	393	600	0841	0313
Metro East Mass Transit Tax District	Metro East-Sales Tax/Excel	492	393	650	0841	0314
Metro East Mass Transit Tax District	Metro East -Sales Tax - Amnesty	492	393	900	0841	1932
Motor Fuel Tax	Motor Fuel Tax	492	405	000	0401	0316
Motor Fuel Tax	Regular MFT	492	405	100	0012	0317
Motor Fuel Tax	Internat'l Fuel Tax Agreement	492	405	150	0012	0318
Motor Fuel Tax	TRIP Permit	492	405	200	0012	0319
Motor Fuel Tax	Motor Fuel Tax/Storage	492	405	600	0072	0322
Motor Fuel Tax	Motor Fuel Tax/Storage	492	405	600	0401	0322
Motor Fuel Tax	Underground Storage Tax-Amnesty	492	405	900	0072	1910
Motor Fuel Tax	Underground Storage Tax-Amnesty	492	405	900	0384	1910
Motor Fuel Tax	Motor Fuel Tax - Amnesty	492	405	901	0012	1913
Motor Fuel Tax	Motor Fuel Tax - Amnesty	492	405	901	0384	1913
Oil and Gas Assessment	Oil and Gas Assessment	492	423	000	0384	1493
Privilege Tax	.25% Tax-Youbet.com, Inc	492	470	501	0217	2227
Privilege Tax	.25% Tax-Youbet.com, Inc	492	470	501	0785	2227
Privilege Tax	1.5% Tax-Youbet.com, Inc	492	470	502	0632	2229
Privilege Tax	.25% Tax-Churchill Downs Tech Initiative Co	492	470	503	0217	2228
Privilege Tax	.25% Tax-Churchill Downs Tech Initiative Co	492	470	503	0785	2228
Privilege Tax	1.5% Tax-Churchill Downs Tech Initiative Co	492	470	504	0632	2230
Privilege Tax	1.5% Tax-TVG Network	492	470	505	0632	2231
Privilege Tax	.25% Tax-TVG Network	492	470	506	0217	2232
Privilege Tax	.25% Tax-TVG Network	492	470	506	0785	2232
Privilege Tax	Pari-Mutel Advnc Dpst Wagering-.25% Tax-Xpress Inc	492	470	507	0217	2238
Privilege Tax	Pari-Mutel Advnc Dpst Wagering-.25% Tax-Xpress Inc	492	470	507	0785	2238
Privilege Tax	Pari-Mutel Advnc Dpst Wagering-1.5% Tax-Xpress Inc	492	470	508	0632	2237
Privilege Tax	Pari-Mutuel Advnc Dpst Wgring-.25% Tax-Betzotic.com	492	470	509	0217	2344
Privilege Tax	Pari-Mutuel Advnc Dpst Wgring-.25% Tax-Betzotic.com	492	470	509	0785	2344
Privilege Tax	Pari-Mutuel Advnc Dpst Wgring-1.5% Tax-Betzotic.com	492	470	510	0632	2345
Privilege Tax	Pari-Mutel Advnc Dpst Wagering-1.5% Clb Haw	492	470	511	0632	2527
Privilege Tax	Pari-Mutel Advnc Dpst Wagering-.25% Clb Haw	492	470	512	0217	2528
Privilege Tax	8.5% Pari-Mutuel ADW Licensee-Twin Spires	492	470	513	0631	2533
Privilege Tax	8.5% Pari-Mutuel ADW Licensee-TVG	492	470	514	0631	2534
Privilege Tax	8.5% Pari-Mutuel ADW Licensee-Xpress Bet Inc.	492	470	515	0631	2535
Privilege Tax	8.5% Pari-Mutuel ADW Licensee-Betzotic	492	470	516	0631	2536
Privilege Tax	8.5% Pari-Mutuel ADW Licensee-Club Hawthorne	492	470	517	0631	2537
Privilege Tax	P-M ADW .25% Bet America	492	470	518	0217	2572
Privilege Tax	P-M ADW 1.5% Bet America	492	470	519	0632	2573
Privilege Tax	P-M ADW .25% NYRA Bets	492	470	520	0217	2574
Privilege Tax	P-M ADW 1.5% NYRA Bets	492	470	521	0632	2575
Privilege Tax	P-M ADW 8.5% Bet America	492	470	522	0631	2577
Privilege Tax	P-M ADW 8.5% NYRA Bets	492	470	523	0631	2578
Privilege Tax	Arlington Park	492	470	700	0401	1324
Privilege Tax	Arlington Park	492	470	700	0631	1324
Privilege Tax	Arlington Park	492	470	700	0632	1324
Privilege Tax	Balmoral Park	492	470	704	0401	1325
Privilege Tax	Balmoral Park	492	470	704	0631	1325

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Privilege Tax	Balmoral Park	492	470	704	0632	1325
Privilege Tax	Fairmont Park	492	470	710	0401	1326
Privilege Tax	Fairmont Park	492	470	710	0631	1326
Privilege Tax	Fairmont Park	492	470	710	0632	1326
Privilege Tax	Hawthorne Park	492	470	712	0401	1327
Privilege Tax	Hawthorne Park	492	470	712	0631	1327
Privilege Tax	Hawthorne Park	492	470	712	0632	1327
Privilege Tax	Maywood Park	492	470	714	0401	1328
Privilege Tax	Maywood Park	492	470	714	0631	1328
Privilege Tax	Maywood Park	492	470	714	0632	1328
Privilege Tax	Quad City Downs	492	470	715	0401	1329
Privilege Tax	Quad City Downs	492	470	715	0631	1329
Privilege Tax	Quad City Downs	492	470	715	0632	1329
Privilege Tax	Sportsmans Park	492	470	716	0401	1330
Privilege Tax	Sportsmans Park	492	470	716	0631	1330
Privilege Tax	Sportsmans Park	492	470	716	0632	1330
Program Income	RSV-Reserve	492	472	200	0286	0399
Regional Transportation Authority	RTA Sales Tax	492	477	600	0401	0410
Regional Transportation Authority	RTA Sales Tax	492	477	600	0812	0410
Regional Transportation Authority	Sales Tax-Quarterly/Monthly	492	477	650	0812	0411
Regional Transportation Authority	Cook County Protest	492	477	700	0401	0412
Regional Transportation Authority	RTA Sales Tax - Amnesty	492	477	900	0812	1934
Public Utility Tax	Assessment - PUT	492	480	030	0364	2553
Public Utility Tax	P.U. Tax-Message/Regular	492	480	100	0001	0413
Public Utility Tax	P.U. Tax-Message/Regular	492	480	100	0401	0413
Public Utility Tax	P.U. Tax-Message/Excel	492	480	150	0001	0414
Public Utility Tax	P.U. Tax-Message/Excel	492	480	150	0412	0414
Public Utility Tax	P.U. Tax-Gas/Regular	492	480	200	0001	0415
Public Utility Tax	Supp Energy Asst/Elec	492	480	225	0550	1445
Public Utility Tax	Electric Utilities One Time Payment	492	480	230	0550	2254
Public Utility Tax	P.U. Tax-Gas/Excel	492	480	250	0001	0416
Public Utility Tax	Supp Energy Asst/Gas	492	480	255	0550	1446
Public Utility Tax	Gas Utilities One Time Payment	492	480	260	0550	2253
Public Utility Tax	Electricity Distribution Tax	492	480	400	0401	0419
Public Utility Tax	Electricity Distribution Tax	492	480	400	0802	0419
Public Utility Tax	Telecommunication Tax	492	480	500	0412	1424
Public Utility Tax	Telecommunication Tax	492	480	500	0568	1424
Public Utility Tax	Telecommunication Tax	492	480	500	0802	1424
Public Utility Tax	Telecomm Tax - Qtr./Mo.	492	480	550	0412	1544
Public Utility Tax	Telecomm Tax - Qtr./Mo.	492	480	550	0568	1544
Public Utility Tax	5% TIMF Cash Receipts	492	480	600	0384	2490
Public Utility Tax	Electricity Excise Tax	492	480	630	0001	1497
Public Utility Tax	Electricity Excise Tax	492	480	630	0059	1497
Public Utility Tax	Electric Excise Tax-Accel.	492	480	635	0059	1499
Public Utility Tax	Electric Excise Tax-Accel.	492	480	635	0001	1499
Public Utility Tax	Electric Excise Tax-Accel.	492	480	635	0059	1499
Public Utility Tax	Wireless 911 Surcharge	492	480	650	0001	1635
Public Utility Tax	Wireless 911 Surcharge	492	480	650	0612	1635
Public Utility Tax	Simplified Municipal Tele. Tax	492	480	700	0384	1760
Public Utility Tax	Simplified Municipal Tele. Tax	492	480	700	0719	1760
Public Utility Tax	Simple Telecomm/Excel	492	480	750	0719	1761
Public Utility Tax	5% Telecom Cash Receipts	492	480	800	0384	2491
Public Utility Tax	P.U. Tax-Gas/Reg. - Amnesty	492	480	900	0001	1908
Public Utility Tax	P.U. Tax-Gas/Reg. - Amnesty	492	480	900	0384	1908
Public Utility Tax	P.U. Tax-Gas/Reg. - Amnesty	492	480	900	0412	1908
Public Utility Tax	Elec. Excise Tax - Amnesty	492	480	901	0001	1909
Public Utility Tax	Elec. Excise Tax - Amnesty	492	480	901	0059	1909
Public Utility Tax	Elec. Excise Tax - Amnesty	492	480	901	0384	1909
Public Utility Tax	Elec. Excise Tax - Amnesty	492	480	901	0412	1909
Public Utility Tax	P.U. Tax-Tele.Excise Tax-Amnesty	492	480	902	0001	1916
Public Utility Tax	P.U. Tax-Tele.Excise Tax-Amnesty	492	480	902	0384	1916

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Public Utility Tax	P.U. Tax-Tele.Excise Tax-Amnesty	492	480	902	0568	1916
Public Utility Tax	Supp. Energy Asst./Elec.-Amnesty	492	480	903	0550	1929
Public Utility Tax	Supp. Energy Asst./Gas - Amnesty	492	480	904	0550	1930
Public Utility Tax	Telecommunication Tax Amnesty	492	480	905	0384	1945
Public Utility Tax	Telecommunication Tax Amnesty	492	480	905	0412	1945
Public Utility Tax	Telecommunication Tax Amnesty	492	480	905	0802	1945
Public Utility Tax	P.U. Invested Capital-Amnesty	492	480	906	0384	1946
Public Utility Tax	P.U. Invested Capital-Amnesty	492	480	906	0802	1946
Public Utility Tax	Simplified Municipal Tele. Tax-Amnesty	492	480	907	0719	2327
Pull Tabs and Jar Games Licenses	Pull Tabs & Jar Games Lic.	492	482	000	0085	0423
Pull Tabs and Jar Games Licenses	Pull Tabs & Jar Games Lic.	492	482	000	0412	0423
Pull Tabs and Jar Games Licenses	Pull Tabs/ Jar Games Lic.-Amnesty	492	482	900	0384	1912
Pull Tabs and Jar Games Tax	Pull Tabs and Jar Games Tax	492	484	000	0085	0424
Pull Tabs and Jar Games Tax	Pull Tabs and Jar Games Tax	492	484	000	0412	0424
Pull Tabs and Jar Games Tax	Pull Tabs/Jar Games Tax-Amnesty	492	484	900	0085	1924
Pull Tabs and Jar Games Tax	Pull Tabs/Jar Games Tax-Amnesty	492	484	900	0412	1924
Real Estate Transfer Tax	Real Estate Transfer Tax	492	490	000	0001	0426
Real Estate Transfer Tax	Real Estate Transfer Tax	492	490	000	0286	0426
Real Estate Transfer Tax	Real Estate Transfer Tax	492	490	000	0298	0426
Real Estate Transfer Tax	Real Estate Transfer Tax	492	490	000	0299	0426
Reimbursement of Audits	IFTA Audit Reimbursements	492	510	950	0012	0443
Rental Income	Rental Income	492	523	000	0711	0455
Riverboat Gambling Tax	Riverboat Wagering Tax	492	532	000	0129	0467
Riverboat Gambling Tax	Riverboat Wagering Tax	492	532	000	0401	0467
Riverboat Gambling Tax	Riverboat Wagering Tax	492	532	000	0412	0467
Riverboat Gambling Tax	3% Adjusted Gross Receipts	492	532	005	0401	2083
Sale of Land	Sale of Land & Structures	492	540	000	0338	0471
Sales Tax	School Facility Occupation Tax	492	545	100	0384	2152
Sales Tax	School Facility Occupation Tax	492	545	100	0498	2152
Sales Tax	Underground Storage Tank	492	545	105	0072	2592
Sales Tax	Sales Tax on Sorbents	492	545	125	0091	2348
Sales Tax	School Facility Occupation Tax	492	545	150	0498	2160
Sales Tax	School Facility Occupation Tax - Accelerated	492	545	175	0498	2252
Sales Tax	Home Rule Munci Sales Tax	492	545	200	0138	0474
Sales Tax	Home Rule Munci Sales Tax	492	545	200	0401	0474
Sales Tax	Metropo Pier & Expo Auth.	492	545	215	0337	0475
Sales Tax	Home Rule Muni Sales Tax	492	545	225	0401	1331
Sales Tax	County Home Rule Sales Tax	492	545	230	0139	0476
Sales Tax	County Home Rule Sales Tax	492	545	230	0337	0476
Sales Tax	County Home Rule Sales Tax	492	545	230	0401	0476
Sales Tax	Non-Home Rule Muni Sales Tax	492	545	240	0088	0477
Sales Tax	Non-Home Rule R O T-Excel	492	545	245	0088	0478
Sales Tax	Home Rule Muni R O T-Excel	492	545	250	0138	0479
Sales Tax	Co Home Rule Sales Tax-Excel	492	545	260	0139	0480
Sales Tax	Metro East Park-Regular	492	545	270	0717	1676
Sales Tax	Metro East Park-Excellerated	492	545	275	0717	1677
Sales Tax	St Retailer's Occupation Tax	492	545	300	0001	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0005	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0152	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0186	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0188	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0189	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0377	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0401	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0694	0481
Sales Tax	St Retailer's Occupation Tax	492	545	300	0960	0481
Sales Tax	State ROT-2.2%	492	545	305	0960	0482
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0001	0483
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0005	0483
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0186	0483

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0188	0483
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0189	0483
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0377	0483
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0401	0483
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0694	0483
Sales Tax	State ROT Quarterly/Monthly	492	545	350	0960	0483
Sales Tax	State ROT Quarter/Month 2.2%	492	545	355	0960	0484
Sales Tax	State ROT-Prepaid	492	545	400	0001	0485
Sales Tax	State ROT-Prepaid	492	545	400	0005	0485
Sales Tax	State ROT-Prepaid	492	545	400	0088	0485
Sales Tax	State ROT-Prepaid	492	545	400	0138	0485
Sales Tax	State ROT-Prepaid	492	545	400	0139	0485
Sales Tax	State ROT-Prepaid	492	545	400	0160	0485
Sales Tax	State ROT-Prepaid	492	545	400	0186	0485
Sales Tax	State ROT-Prepaid	492	545	400	0188	0485
Sales Tax	State ROT-Prepaid	492	545	400	0189	0485
Sales Tax	State ROT-Prepaid	492	545	400	0219	0485
Sales Tax	State ROT-Prepaid	492	545	400	0401	0485
Sales Tax	State ROT-Prepaid	492	545	400	0498	0485
Sales Tax	State ROT-Prepaid	492	545	400	0558	0485
Sales Tax	State ROT-Prepaid	492	545	400	0717	0485
Sales Tax	State ROT-Prepaid	492	545	400	0812	0485
Sales Tax	State ROT-Prepaid	492	545	400	0841	0485
Sales Tax	State ROT-Prepaid	492	545	400	0960	0485
Sales Tax	Sales ROT-Prepaid 2.2%	492	545	405	0960	0486
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0001	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0005	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0088	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0138	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0139	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0160	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0186	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0188	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0189	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0219	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0498	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0558	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0717	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0812	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0841	0487
Sales Tax	St ROT Prepaid-Quarter/Month	492	545	450	0960	0487
Sales Tax	ROT Prepaid-Quarter/Month 2.2%	492	545	455	0960	0488
Sales Tax	Business District R.O.T.	492	545	500	0160	2017
Sales Tax	Business District R.O.T.	492	545	500	0384	2017
Sales Tax	Accelerated Sales Tax	492	545	550	0160	2161
Sales Tax	Home Rule Municipi Soft Drink	492	545	600	0097	0489
Sales Tax	Home Rule Municipi Soft Drink	492	545	600	0401	0489
Sales Tax	Flood Prevention Occupation Tax	492	545	650	0384	2163
Sales Tax	Flood Prevention Occupation Tax	492	545	650	0558	2163
Sales Tax	Flood Prevention Occupation Tax - Accelerated	492	545	655	0558	2251
Sales Tax	County Public Safety R.O.T.	492	545	680	0219	1421
Sales Tax	Public Safety ROT Accelerated	492	545	690	0219	1422
Sales Tax	ROT -Specified Amount Deficiency	492	545	700	0960	2074
Sales Tax	IL Hydraulic Fracturing Tax	492	545	750	0001	2430
Sales Tax	7% Sale Price Per Oz./Cannabis	492	545	800	0075	2458
Sales Tax	5% Sales Tax Cash Receipts	492	545	850	0384	2492
Sales Tax	St. Retailers Occup.Tax - Amnesty	492	545	900	0001	1901
Sales Tax	St. Retailers Occup.Tax - Amnesty	492	545	900	0005	1901
Sales Tax	St. Retailers Occup.Tax - Amnesty	492	545	900	0186	1901
Sales Tax	St. Retailers Occup.Tax - Amnesty	492	545	900	0188	1901

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Sales Tax	St. Retailers Occup.Tax - Amnesty	492	545	900	0189	1901
Sales Tax	St. Retailers Occup.Tax - Amnesty	492	545	900	0384	1901
Sales Tax	St. Retailers Occup.Tax - Amnesty	492	545	900	0412	1901
Sales Tax	St. Retailers Occup.Tax - Amnesty	492	545	900	0960	1901
Sales Tax	Metro East Pk & Rec Reg.-Amnesty	492	545	902	0717	1933
Sales Tax	Co. Public Safety Tax - Amnesty	492	545	903	0219	1936
Sales Tax	Metro Pier & Expo Auth - Amnesty	492	545	904	0337	1938
Sales Tax	Co. Home Rule Sales Tax-Amnesty	492	545	905	0139	1939
Sales Tax	No Home Rule Muni Sls.Tx-Amnesty	492	545	906	0088	1941
Sales Tax	Home Rule Muni Sls.Tx-Amnesty	492	545	907	0138	1942
Sales Tax	Home Rule Muni Sft Drnk-Amnesty	492	545	908	0097	1943
Uncashed Pari-Mutual Tickets	Uncashed Pari-Mutual Tickets	492	605	300	0036	0517
Unclaimed Assets	Unclaimed Assets	492	610	000	0001	0518
Private Sales/Used Car Use Tax	Private Sale/Use Car Use Tax	492	620	000	0001	0521
Private Sales/Used Car Use Tax	Private Sale/Use Car Use Tax	492	620	000	0263	0521
Private Sales/Used Car Use Tax	Private Sale/Use Car Use Tax	492	620	000	0960	0521
Private Sales/Used Car Use Tax	Priv. Sale/Use Car Use Tx-Amnesty	492	620	900	0001	1902
Private Sales/Used Car Use Tax	Priv. Sale/Use Car Use Tx-Amnesty	492	620	900	0384	1902
Private Sales/Used Car Use Tax	Priv. Sale/Use Car Use Tx-Amnesty	492	620	900	0412	1902
Private Sales/Used Car Use Tax	Priv. Sale/Use Car Use Tx-Amnesty	492	620	900	0960	1902
Court and Anti-Trust Distributions	Income Tax-Court Order Distribution	492	820	290	0932	1708
Court and Anti-Trust Distributions	Sales Tax-Court Order Distribution	492	820	545	0932	1707
Court and Anti-Trust Distributions	Photo Process Tax-Court Order Distrib.	492	820	600	0932	1709
Federal Government	Health and Human Services	492	831	075	0821	0618
Federal Government	Housing & Urban Development	492	831	090	0338	0624
Federal Government	Housing & Urban Development	492	831	091	0338	0625
Federal Government	U.S. Department of Justice	492	831	110	0140	0629
Federal Government	Tennessee Valley Authority	492	831	170	0001	0641
Federal Government	Tennessee Valley Authority	492	831	170	0861	0641
Federal Government	Transportation, Department of	492	831	180	0140	0643
Federal Government	State/Fed. Enforc. Motor Fuel Tax Laws	492	831	183	0012	0646
Federal Monies via Other Illinois Agency	DHS-TANF Block Grant	492	840	446	0278	1889
Federal Monies via Other Illinois Agency	Juvenile Justice Trust	492	840	911	0821	0747
Fines, Penalties or Violations	Fines, Penalties or Violation	492	843	000	0001	0780
Fines, Penalties or Violations	Civil Penalties	492	843	013	0007	0783
Fines, Penalties or Violations	Motor Fuel Use Tax-Decals	492	843	075	0384	1590
Fines, Penalties or Violations	Horsemen - Thoroughbred	492	843	120	0001	0806
Fines, Penalties or Violations	Unauth Riverboat Winnings	492	843	750	0007	1453
Fines, Penalties or Violations	Circuit Clerk	492	843	910	0821	0821
Fund Transfers	General Revenue Fund	492	846	001	0821	0827
Fund Transfers	General Revenue Fund	492	846	001	0930	0827
Fund Transfers	Repayment/Sports Facility	492	846	009	0001	0828
Fund Transfers	Youth Alcohol & Substance	492	846	128	0821	0845
Fund Transfers	Sports Facilities Tax Trust	492	846	229	0001	0847
Fund Transfers	Local Govt Distributive	492	846	515	0225	0856
Fund Transfers	Lottery Fund	492	846	711	0694	2269
Fund Transfers	Replacement Vehicle Tax-St	492	846	915	0001	0867
Fund Transfers	Replacemnt Vehicle Tax-Amnesty	492	846	900	0001	1918
Fund Transfers	Replacemnt Vehicle Tax-Amnesty	492	846	900	0384	1918
Fund Transfers	Replacemnt Vehicle Tax-Amnesty	492	846	900	0412	1918
Investment Income	Interest Income - State Lottery	492	852	105	0978	0883
Investment Income	Interest Income - First Starr MMA	492	852	221	0412	1796
Licenses, Fees or Registrations	Licenses/Fee or Registration	492	855	000	0286	0915
Licenses, Fees or Registrations	Public Utility Pro Rata Share	492	855	025	0059	1826
Licenses, Fees or Registrations	Annual Charity Assessment	492	855	037	0271	1364
Licenses, Fees or Registrations	Rental Housing Supp.Prg.Surchg	492	855	044	0150	2015
Licenses, Fees or Registrations	Charitable Games Act	492	855	095	0001	0935
Licenses, Fees or Registrations	Copy Fees	492	855	100	0129	0939
Licenses, Fees or Registrations	Prepaid Wireless 911 Surcharge	492	855	149	0125	2385
Licenses, Fees or Registrations	Drycleaner License	492	855	157	0548	1431
Licenses, Fees or Registrations	Drycleaner Admin Fee	492	855	158	0384	1442

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	Electric Self Assessor	492	855	175	0001	1498
Licenses, Fees or Registrations	Deposit Fee per Tax Law/HPA	492	855	192	0384	2483
Licenses, Fees or Registrations	Horsemen - Thoroughbred	492	855	300	0001	1365
Licenses, Fees or Registrations	Internatl Fuel Tax Agreement	492	855	325	0012	0983
Licenses, Fees or Registrations	Non-International Fuel Tax	492	855	327	0012	0984
Licenses, Fees or Registrations	Lien Filing & Release Fees	492	855	365	0001	1758
Licenses, Fees or Registrations	Liquor Licenses	492	855	390	0001	0996
Licenses, Fees or Registrations	Liquor Licenses	492	855	390	0821	0996
Licenses, Fees or Registrations	Duplicate Liquor License	492	855	393	0001	0997
Licenses, Fees or Registrations	Lottery Agents	492	855	395	0711	0998
Licenses, Fees or Registrations	Off-Set Claim Filing Fee	492	855	433	0001	1757
Licenses, Fees or Registrations	Occupational License	492	855	438	0129	1031
Licenses, Fees or Registrations	Owners License Boat Gambling	492	855	442	0129	1034
Licenses, Fees or Registrations	Pro Rata Share-Elec. Utility	492	855	479	0571	1491
Licenses, Fees or Registrations	Renewal Licenses	492	855	517	0129	1059
Licenses, Fees or Registrations	Renewable Energy Resource	492	855	518	0564	1443
Licenses, Fees or Registrations	Renewable Energy Resource	492	855	518	0925	1443
Licenses, Fees or Registrations	Sale of Tires	492	855	543	0240	1064
Licenses, Fees or Registrations	Sale of Tires	492	855	543	0294	1064
Licenses, Fees or Registrations	Thoroughbred Racing	492	855	600	0001	1368
Licenses, Fees or Registrations	Charitable Games - Amnesty	492	855	902	0412	1944
Licenses, Fees or Registrations	Renew.Energy Res. - Amnesty	492	855	900	0564	1928
Licenses, Fees or Registrations	Renew.Energy Res. - Amnesty	492	855	900	0925	1928
Licenses, Fees or Registrations	Sale of Tires - Amnesty	492	855	901	0294	1937
Miscellaneous	Miscellaneous	492	861	000	0001	1121
Miscellaneous	Miscellaneous	492	861	000	0711	1121
Miscellaneous	Liquor Control Commission	492	861	100	0001	1838
Miscellaneous	Racing board	492	861	200	0001	1837
Private Organizations or Individuals	Private Organiza or Indiv	492	870	000	0286	1200
Private Organizations or Individuals	Pepsi Agreement	492	870	140	0001	2171
Private Organizations or Individuals	Pepsi Agreement	492	870	140	0043	2171
Private Organizations or Individuals	Pepsi Agreement	492	870	140	0314	2171
Private Organizations or Individuals	Pepsi Agreement	492	870	140	0438	2171
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	492	877	000	0129	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Other Recoveries	492	877	000	0821	1228
Repayment to State Pursuant to Law	Repayment Pursuant to Law	492	880	000	0286	1243
Repayment to State Pursuant to Law	Cash Receipt Overages	492	880	350	0001	1743
Repayment to State Pursuant to Law	Repayment/Lottery Excess	492	880	595	0711	1407
Repayment to State Pursuant to Law	Returned Petty Cash Fund	492	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	492	880	600	0129	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	492	880	600	0711	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	492	880	600	0821	1270
Repayment to State Pursuant to Law	Tax Incre Finance Surplus	492	880	615	0001	1272
Unidentified Remittances	Unidentified Remittances	492	891	000	0001	1304
Unidentified Remittances	Unidentified Remittances	492	891	000	0583	1304
Surcharge	Entertainment Facility Surcharge	492	894	000	0158	2421
Surcharge	2% Entertainment Facility Surcharge	492	894	010	0384	2422
Surcharge	Medical Cannabis - Income Tax Surcharge	492	894	030	0001	2558
Department of State Police	Department of State Police	493	000			
Forfeited or Seized Property	Forfeited or Seized Property	493	071	000	0001	0052
Forfeited or Seized Property	Forfeited or Seized Property	493	071	000	0237	0052
Forfeited or Seized Property	Forfeited or Seized Property	493	071	000	0816	0052
Forfeited or Seized Property	Article 36 Seizures	493	071	005	0514	2546
Firearms Owner Identification	FOI (Firearms Owner I.D.)	493	195	000	0001	0112
Firearms Owner Identification	FOI (Firearms Owner I.D.)	493	195	000	0041	0112
Firearms Owner Identification	FOI (Firearms Owner I.D.)	493	195	000	0209	0112
Firearms Owner Identification	FOI (Firearms Owner I.D.)	493	195	000	0906	0112
Public Utility Tax	Surcharge Emergency Telephone System Act	493	480	650	0612	1635

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Public Utility Tax	Surcharge Emergency Telephone System Act	493	480	650	0613	1635
Racetrack Security Police	Racetrack Security Police	493	485	000	0045	0425
State Police	State Highway Police	493	590	000	0001	0514
Unclaimed Assets	Unclaimed Assets	493	610	000	0001	0518
Court and Anti Trust Distributions	Court and Anti-Trust Distributions	493	820	000	0246	0582
Court and Anti Trust Distributions	Court and Anti-Trust Distributions	493	820	000	0878	0582
Federal Government	Department of Homeland Security	493	831	035	0001	1952
Federal Government	Army, Department of	493	831	056	0906	0605
Federal Government	Drug Enforcement Admin.	493	831	057	0904	0606
Federal Government	Education, Department of	493	831	058	0904	0607
Federal Government	Environmental Protection Agency	493	831	060	0906	0608
Federal Government	EEMA	493	831	068	0906	0613
Federal Government	Health and Human Services	493	831	075	0001	0618
Federal Government	Health and Human Services	493	831	075	0904	0618
Federal Government	Health and Human Services	493	831	075	0906	0618
Federal Government	Housing & Urban Development	493	831	090	0906	0624
Federal Government	U.S. Dept. of Justice	493	831	110	0001	0629
Federal Government	U.S. Dept. of Justice	493	831	110	0497	0629
Federal Government	U.S. Dept. of Justice	493	831	110	0520	0629
Federal Government	U.S. Dept. of Justice	493	831	110	0904	0629
Federal Government	U.S. Dept. of Justice	493	831	110	0906	0629
Federal Government	Transportation/NHTSA	493	831	140	0904	0635
Fed Monies Via Other Illinois Agency	EEMA-U.S. Homeland Security	493	840	497	0904	1851
Fed Monies Via Other Illinois Agency	Criminal Justice Trust	493	840	488	0904	0724
Fed Monies Via Other Illinois Agency	Women, Infant & Children Fund	493	840	700	0906	0738
Fines, Penalties or Violations	Penalties Emergency Telephone System Act	493	843	009	0612	2154
Fines, Penalties or Violations	Circuit Clerk-Expungement Juvenile Records	493	843	016	0906	2257
Fines, Penalties or Violations	Circuit Clerk Assessmnt-Drug Related Ofnses	493	843	017	0906	2258
Fines, Penalties or Violations	Arsonist Registration Fines	493	843	023	0087	2318
Fines, Penalties or Violations	Co Sherriff & Muni Police Dept	493	843	024	0400	2358
Fines, Penalties or Violations	Circuit Clerk-Emergency Response	493	843	028	0879	2417
Fines, Penalties or Violations	Drug Asset Forfeiture	493	843	033	0514	1343
Fines, Penalties or Violations	Cannabis Control Act	493	843	900	0817	2579
Fines, Penalties or Violations	Circuit Clerk	493	843	910	0001	0821
Fines, Penalties or Violations	Circuit Clerk	493	843	910	0152	0821
Fines, Penalties or Violations	Circuit Clerk	493	843	910	0400	0821
Fines, Penalties or Violations	Circuit Clerk	493	843	910	0846	0821
Fines, Penalties or Violations	Circuit Clerk	493	843	910	0878	0821
Fines, Penalties or Violations	Overweight Fines/Crt Clerk	493	843	935	0011	0825
Fines, Penalties or Violations	Overweight Fines/Crt Clerk	493	843	935	0455	0825
Fines, Penalties or Violations	Overweight Fines/Crt Clerk	493	843	935	0694	0825
Licenses, Fees or Registrations	Licenses/Fee or Registration	493	855	000	0152	0915
Licenses, Fees or Registrations	Advertising	493	855	015	0001	0920
Licenses, Fees or Registrations	Accident Reports	493	855	016	0001	1540
Licenses, Fees or Registrations	Court Supervision-Circuit Clerks	493	855	054	0246	2089
Licenses, Fees or Registrations	Court Supervision-Individuals	493	855	056	0246	2090
Licenses, Fees or Registrations	Criminal Background Checks	493	855	066	0906	2113
Licenses, Fees or Registrations	State Police Escort Fees	493	855	073	0652	2165
Licenses, Fees or Registrations	Sex Crime Offenders	493	855	078	0535	1413
Licenses, Fees or Registrations	Failure to Appear Fees	493	855	126	0001	2323
Licenses, Fees or Registrations	Electronic Citation Fees	493	855	129	0001	2324
Licenses, Fees or Registrations	DUI Equipment Fees	493	855	144	0222	2339
Licenses, Fees or Registrations	Individuals, Private Organizations	493	855	188	0148	2456
Licenses, Fees or Registrations	Individuals, Private Organizations	493	855	188	0152	2456
Licenses, Fees or Registrations	Individuals, Private Organizations	493	855	188	0209	2456
Licenses, Fees or Registrations	Laboratory Fees	493	855	355	0222	0989
Licenses, Fees or Registrations	Training Fees	493	855	633	0906	1713
Licenses, Fees or Registrations	Federal Government	493	855	831	0906	1105

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	Circuit Clerk Collections	493	855	910	0537	1452
Local Illinois Governmental Units	Local Illinois Governmental Units	493	858	000	0637	1114
Local Illinois Governmental Units	Property Sales, Cities, Counties	493	858	020	0906	1116
Local Illinois Governmental Units	Sch. Dist. Fed. Property Sales	493	858	040	0906	1119
Local Illinois Governmental Units	Sex Offender Registration Fees	493	858	060	0535	1814
Local Illinois Governmental Units	Training Expenses	493	858	180	0906	1120
Other Illinois State Agency	Other Illinois State Agency	493	864	000	0001	1127
Other Illinois State Agency	General Revenue Fund	493	864	001	0904	1128
Other Illinois State Agency	Merit Board-Cadet Class Reimbursement	493	864	010	0906	2487
Other Illinois State Agency	State Gaming Fund	493	864	129	0906	1136
Other Illinois State Agency	State Appellate Defender	493	864	290	0906	1688
Other Illinois State Agency	State's Attorneys Appell Prosecutor	493	864	295	0906	1140
Other Illinois State Agency	Attorney General	493	864	340	0237	1143
Other Illinois State Agency	Attorney General	493	864	340	0906	1143
Other Illinois State Agency	Secretary of State	493	864	350	0906	1144
Other Illinois State Agency	State Treasurer	493	864	370	0906	1145
Other Illinois State Agency	Aging	493	864	402	0906	1631
Other Illinois State Agency	Agriculture,Department of	493	864	406	0906	1147
Other Illinois State Agency	CMS	493	864	416	0637	1148
Other Illinois State Agency	CMS	493	864	416	0906	1148
Other Illinois State Agency	Children & Family Services	493	864	418	0906	1149
Other Illinois State Agency	DCEO	493	864	420	0817	1150
Other Illinois State Agency	Natural Resources	493	864	422	0906	1151
Other Illinois State Agency	Dept of Corrections	493	864	426	0906	1372
Other Illinois State Agency	Employment Security	493	864	427	0906	1417
Other Illinois State Agency	Il State Toll Highway Auth	493	864	455	0906	1153
Other Illinois State Agency	State Lottery	493	864	458	0906	1154
Other Illinois State Agency	Dept. of Human Services	493	864	462	0906	1155
Other Illinois State Agency	Military Affairs	493	864	466	0906	1653
Other Illinois State Agency	DNR/Mines&Minerals	493	864	472	0906	1156
Other Illinois State Agency	Professional Regulation	493	864	475	0906	1157
Other Illinois State Agency	Public Aid	493	864	478	0906	1158
Other Illinois State Agency	Public Health-GRF	493	864	482	0906	1159
Other Illinois State Agency	Revenue	493	864	492	0906	1160
Other Illinois State Agency	Transportation	493	864	494	0817	1162
Other Illinois State Agency	Transportation	493	864	494	0906	1162
Other Illinois State Agency	Illinois Commerce Commission	493	864	524	0637	1164
Other Illinois State Agency	Illinois Commerce Commission	493	864	524	0906	1164
Other Illinois State Agency	Court of Claims	493	864	528	0537	2092
Other Illinois State Agency	Court of Claims	493	864	528	0904	2092
Other Illinois State Agency	Environmental Protection Agn	493	864	532	0906	1166
Other Illinois State Agency	Historic Preservation Agency	493	864	541	0906	1167
Other Illinois State Agency	Criminal Justice Inform	493	864	546	0906	1168
Other Illinois State Agency	Violence Prevention Authority	493	864	559	0906	1558
Other Illinois State Agency	Liquor Control Commission	493	864	567	0906	1169
Other Illinois State Agency	Law Enforcement Officers Standards	493	864	569	0906	1170
Other Illinois State Agency	Illinois Racing Board	493	864	579	0906	1171
Other Illinois State Agency	IL Emergency Management Agency	493	864	588	0001	1740
Other Illinois State Agency	IL Emergency Management Agency	493	864	588	0011	1740
Other Illinois State Agency	IL Emergency Management Agency	493	864	588	0906	1740
Other Illinois State Agency	State Fire Marshal	493	864	592	0906	1173
Other Illinois State Agency	Eastern Illinois University	493	864	612	0906	1175
Other Illinois State Agency	Western Illinois University	493	864	628	0906	1178
Other Illinois State Agency	Rail Freight Repayment	493	864	636	0906	1430
Other Illinois State Agency	Southern Illinois University	493	864	664	0906	1181
Other Illinois State Agency	University of Illinois	493	864	676	0906	1182
Other States	Other States	493	867	000	0906	1194
Private Organizations or Individuals	Private Organiza or Indiv	493	870	000	0817	1200
Private Organizations or Individuals	Private Organiza or Indiv	493	870	000	0904	1200
Private Organizations or Individuals	Private Organiza or Indiv	493	870	000	0906	1200
Private Organizations or Individuals	Medicaid Fraud Investigations	493	870	017	0237	2168

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Private Organizations or Individuals	Movie Companies	493	870	025	0906	1203
Reimb. Cost incurred for Federal Govt.	Reim/Cost on Behalf of Other	493	878	150	0906	1235
Repayment to State Pursuant to Law	Repayment Pursuant to Law	493	880	000	0001	1243
Repayment to State Pursuant to Law	Settlement Agreements	493	880	085	0705	2370
Repayment to State Pursuant to Law	Returned Petty Cash Fund	493	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	493	880	600	0514	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	493	880	600	0904	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	493	880	600	0906	1270
Repayment to State Pursuant to Law	Restitutions	493	880	725	0001	1283
Reimbursements	Other Reimbursements	493	890	050	0514	2103
Reimbursements	Other Reimbursements	493	890	050	0816	2103
Reimbursements	Other Reimbursements	493	890	050	0904	2103
Reimbursements	Other Reimbursements	493	890	050	0906	2103
Department of Transportation	Department of Transportation	494	000			
Insurance Proceeds	Insurance Proceeds	494	306	000	0011	2028
Loan Repayments	Loan Repayments	494	355	000	0936	0295
Loan Repayments	Loan Repayments - Interest	494	355	025	0307	0296
Loan Repayments	Loan Repayments - Principal	494	355	050	0307	0297
Loan Repayments	Rail Freight Loan Program	494	355	075	0001	0298
Loan Repayments	Local Airport	494	355	090	0669	1664
Loan Repayments	Fed/Local Airport Fund	494	355	095	0669	1665
Program Income	Grantee Interest Income	494	472	150	0001	0398
Repay State/Northwest Suburban Mass Transit	RepayState/NW Suburban Mass Trans	494	528	000	0001	0458
Safety Vehicle Inspection	Safety Vehicle Inspection	494	538	000	0011	0470
Sale of Used Motor Vehicles/Off Road Equip.	Sale of Used Autos & Equip	494	541	000	0011	0473
Sales Tax	Metro East Park-Excellerated	494	545	275	0011	1677
Court and Anti-Trust Distributions	2001 CH-45	494	820	100	0932	1699
Federal Funds Recovered	Federal Railroad Administration	494	829	100	0001	1705
Federal Government	Dept. of Homeland Security	494	831	045	0497	1971
Federal Government	Emergency Management Agency	494	831	068	0011	0613
Federal Government	Transportation/NHTSA	494	831	140	0011	0635
Federal Government	Transportation, Department	494	831	180	0011	0643
Federal Government	Transportation, Department	494	831	180	0095	0643
Federal Government	Aeronautics Admin Cost Reim	494	831	181	0011	0644
Federal Government	Trans/Railroad Admin	494	831	182	0433	0645
Federal Government	Trans/Railroad Admin	494	831	182	0001	0645
Federal Government	Trans/Railroad Admin	494	831	182	0936	0645
Federal Government	US Dept of Trans/USEPA	494	831	185	0011	2464
Federal Government	Urban Mass Transit	494	831	196	0001	0650
Federal Government	Urban Mass Transit	494	831	196	0853	0650
Federal Government	Federal Stimulus Package	494	831	999	0011	2178
Federal Government	Federal Stimulus Package	494	831	999	0095	2178
Federal Government	Federal Stimulus Package	494	831	999	0433	2178
Federal Government	Federal Stimulus Package	494	831	999	0853	2178
Federal Monies Via Other Illinois Agency	IEMA-FEMA	494	840	588	0011	1790
Fines, Penalties or Violations	Bid Bonds-Contractor Default	494	843	006	0011	1862
Fines, Penalties or Violations	Amtrak Rail Service	494	843	015	0001	1670
Fines, Penalties or Violations	Hazardous Materials Penalty	494	843	058	0011	0792
Fines, Penalties or Violations	Circuit Clerk	494	843	910	0589	0821
Fund Transfers	General Revenue Fund	494	846	001	0011	0827
Fund Transfers	Transportation Bond Series A	494	846	553	0011	1883
Fund Transfers	Transportation Bond Series A	494	846	553	0902	1883
Licenses, Fees or Registrations	Logo and Directional Signing	494	855	041	0011	2014
Licenses, Fees or Registrations	5010 Inspections	494	855	051	0046	2078
Licenses, Fees or Registrations	Conference Fees	494	855	097	0011	0937
Licenses, Fees or Registrations	Copy Fees	494	855	100	0046	0939
Licenses, Fees or Registrations	Highway Traffic & Signs	494	855	275	0011	0980
Licenses, Fees or Registrations	Pilot Registrations	494	855	470	0046	1041
Local Illinois Governmental Units	Local Il Governmental Units	494	858	000	0011	1114

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Local Illinois Governmental Units	Local Governments-School Districts	494	858	005	0011	2102
Local Illinois Governmental Units	Airport Authority	494	858	010	0095	1115
Local Illinois Governmental Units	Jurisdictional Transfers	494	858	015	0011	2112
Local Illinois Governmental Units	Property Sales, Cities, Counties	494	858	020	0011	1116
Local Illinois Governmental Units	Wetland Mitigation Rights	494	858	050	0011	2111
Miscellaneous	Miscellaneous	494	861	000	0001	1121
Miscellaneous	Miscellaneous	494	861	000	0011	1121
Other Illinois State Agency	Other IL State Agencies	494	864	000	0309	1127
Other Illinois State Agency	Other IL State Agencies	494	864	000	0011	1127
Other Illinois State Agency	LUST Fund	494	864	072	0011	1678
Other Illinois State Agency	State Police	494	864	493	0011	1161
Other Illinois State Agency	Transportation Bond Series B Fund	494	864	554	0669	1666
Other Illinois State Agency	IEMA	494	864	588	0011	1740
Other Illinois State Agency	Rail Freight Repayment	494	864	636	0101	1430
Other Income	Joint Hwy Imprv Projects-Others	494	865	005	0011	1998
Private Organizations or Individuals	Private Organiza or Indiv	494	870	000	0011	1200
Private Organizations or Individuals	Private Organiza or Indiv	494	870	000	0309	1200
Private Organizations or Individuals	Private Organiza or Indiv	494	870	000	0863	1200
Private Organizations or Individuals	State Aircraft Use	494	870	095	0309	1987
Program Revenue	Loan Repayment	494	874	100	0265	1215
Rental Income	Property and/or Land	494	876	005	0011	2000
Rental Income	Property	494	876	500	0001	1225
Rental Income	Property	494	876	500	0310	1225
Reimb. Cost incurred for Federal Govt.	Reim/Cost on Behalf of Other	494	878	000	0001	1234
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	494	879	000	0011	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	494	879	000	0648	1240
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	494	879	000	0853	1240
Repayment to State Pursuant to Law	Repayment Pursuant to Law	494	880	000	0011	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	494	880	000	0019	1243
Repayment to State Pursuant to Law	Involuntary Withholding Collections	494	880	015	0902	1810
Repayment to State Pursuant to Law	Federal/Local Airport	494	880	095	0101	1249
Repayment to State Pursuant to Law	Damage & Worker's Comp Claim	494	880	250	0011	1250
Repayment to State Pursuant to Law	Local Transit Districts	494	880	500	0101	1260
Repayment to State Pursuant to Law	Rail Freight Repayment	494	880	585	0101	1439
Repayment to State Pursuant to Law	Returned Petty Cash Fund	494	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash Fund	494	880	600	0011	1270
Sale of State Assets	Sale of Land &/or Other State Property	494	881	100	0011	1999
Subscription or Publication Sales	Subscription or Publication Sales	494	888	000	0011	1289
Reimbursements	Reimburse. Of Prior Costs	494	890	000	0414	1524
Reimbursements	Traffic Signal Maint-Private Sector	494	890	015	0011	1996
Reimbursements	Private Sector-Hwy. Related Prg.	494	890	020	0011	2001
Reimbursements	Hwy Sign Maint-Private Sector	494	890	025	0011	1997
Advertising and Marketing	Sponsorship Revenue	494	892	001	0011	2040
Department of Veterans Affairs	Dept. of Veterans Affairs	497	000			
Insurance Claims Reimbursement	Insurance Claims Reimbursement	497	307	000	0272	0275
Insurance Claims Reimbursement	Insurance Claims Reimbursement	497	307	000	0273	0275
Insurance Claims Reimbursement	Insurance Claims Reimbursement	497	307	000	0619	0275
Insurance Claims Reimbursement	Insurance Claims Reimbursement	497	307	000	0980	0275
Program Income	Grantee Interest Income	497	472	150	0236	0398
Sale of Land	Sale of Land & Structures	497	540	000	0619	0471
Federal Government	Defense, Department of	497	831	055	0897	0604
Federal Government	Health & Human Services	497	831	075	0272	0618
Federal Government	Health & Human Services	497	831	075	0273	0618
Federal Government	Health & Human Services	497	831	075	0619	0618
Federal Government	Health & Human Services	497	831	075	0980	0618
Federal Government	Housing and Urban Development	497	831	091	0897	0625
Federal Government	Veteran's Administration	497	831	200	0272	0653
Federal Government	Veteran's Administration	497	831	200	0273	0653
Federal Government	Veteran's Administration	497	831	200	0447	0653
Federal Government	Veteran's Administration	497	831	200	0619	0653

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	Veteran's Administration	497	831	200	0980	0653
Fund Transfers	General Revenue Fund	497	846	001	0236	0827
Licenses, Fees or Registrations	Copy Fees	497	855	100	0272	0939
Licenses, Fees or Registrations	Copy Fees	497	855	100	0273	0939
Licenses, Fees or Registrations	Copy Fees	497	855	100	0619	0939
Licenses, Fees or Registrations	Copy Fees	497	855	100	0980	0939
Licenses, Fees or Registrations	Patient Fees	497	855	450	0272	1038
Licenses, Fees or Registrations	Patient Fees	497	855	450	0273	1038
Licenses, Fees or Registrations	Patient Fees	497	855	450	0619	1038
Licenses, Fees or Registrations	Patient Fees	497	855	450	0980	1038
Miscellaneous	Miscellaneous	497	861	000	0001	1121
Miscellaneous	Miscellaneous	497	861	000	0272	1121
Miscellaneous	Miscellaneous	497	861	000	0273	1121
Miscellaneous	Miscellaneous	497	861	000	0619	1121
Miscellaneous	Miscellaneous	497	861	000	0897	1121
Miscellaneous	Miscellaneous	497	861	000	0980	1121
Other Illinois State Agency	Secretary of State	497	864	350	0775	1144
Other Illinois State Agency	Housing Development Authority	497	864	551	0501	1746
Private Organizations or Individuals	Private Organiza or Indiv	497	870	000	0236	1200
Private Organizations or Individuals	Private Organiza or Indiv	497	870	000	0272	1200
Private Organizations or Individuals	Private Organiza or Indiv	497	870	000	0273	1200
Private Organizations or Individuals	Private Organiza or Indiv	497	870	000	0501	1200
Private Organizations or Individuals	Private Organiza or Indiv	497	870	000	0619	1200
Private Organizations or Individuals	Private Organiza or Indiv	497	870	000	0980	1200
Private Organizations or Individuals	Shipping Charges	497	870	045	0619	1816
Private Organizations or Individuals	Meal Ticket	497	870	055	0272	1817
Private Organizations or Individuals	Meal Ticket	497	870	055	0273	1817
Private Organizations or Individuals	Meal Ticket	497	870	055	0619	1817
Rental Income	Property	497	876	500	0272	1225
Rental Income	Property	497	876	500	0273	1225
Rental Income	Property	497	876	500	0619	1225
Rental Income	Property	497	876	500	0980	1225
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	497	877	000	0272	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	497	877	000	0273	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	497	877	000	0447	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	497	877	000	0619	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	497	877	000	0980	1228
Repay State/Jury Duty & Personal Phone Calls	Anna Veterans' Home	497	877	005	0001	1985
Repay State/Jury Duty & Personal Phone Calls	Manteno Veterans Home	497	877	010	0001	1229
Repay State/Jury Duty & Personal Phone Calls	Field Services	497	877	015	0001	1230
Repay State/Jury Duty & Personal Phone Calls	Quincy Veterans Home	497	877	020	0001	1231
Repay State/Jury Duty & Personal Phone Calls	LaSalle Veterans Home	497	877	025	0001	1232
Repayment to State Pursuant to Law	Returned Petty Cash Fund	497	880	600	0001	1270
Reimbursements	Reimburse. Of Prior Costs	497	890	000	0447	1524
Reimbursements	Miscellaneous Reimbursements	497	890	040	0273	2084
Reimbursements	Outdated Drug Reimbursement	497	890	060	0619	1820
Reimbursements	Outdated Drug Reimbursement	497	890	060	0980	1820
Illinois Arts Council	Illinois Arts Council	503	000			
Federal Government	Nat'l Endowment for the Arts	503	831	145	0657	0636
Miscellaneous	Miscellaneous	503	861	000	0001	1121
Repayment to State Pursuant to Law	Involuntary Withholding-Grants	503	880	115	0001	2473
Repayment to State Pursuant to Law	Involuntary Withholding-Grants	503	880	115	0657	2473

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Governor's Office of Management & Budget	Gov. Ofc. Of Mgmt. & Budget	507	000			
Reimbursements-Federal	Fed. Interest Subsidy-Build America Bonds	507	830	001	0101	2290
Federal Government	Fed. Jobs & Growth Tax Relief	507	831	015	0001	1849
Fund Transfer	Fund for Illinois' Future	507	846	611	0407	2569
Miscellaneous	Miscellaneous	507	861	000	0001	1121
Miscellaneous	Miscellaneous	507	861	000	0101	1121
Other Illinois State Agencies	Other Illinois State Agencies	507	864	000	0407	1127
Repayment to State Pursuant to Law	Repayment Pursuant to Law	507	880	000	0001	1243
Repayment to State Pursuant to Law	Build Illinois Escrow	507	880	040	0001	1593
Repayment to State Pursuant to Law	East St. Louis Finance Authority	507	880	105	0001	2457
Repayment to State Pursuant to Law	Alton Center Business Park Project	507	880	135	0001	2590
Executive Inspector General	Executive Inspector General	509	000			
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	509	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	509	877	000	0627	1228
Miscellaneous	Miscellaneous	509	861	000	0001	1121
Repayment to State Pursuant to Law	Repayment Pursuant to Law	509	880	000	0001	1243
Repayment to State Pursuant to Law	Returned Petty Cash Fund	509	880	600	0001	1270
Executive Ethics Commission	Executive Ethics Commission	510	000			
Fines, Penalties or Violations	Prohibited Political Contributions	510	843	003	0001	2507
Fines, Penalties or Violations	Legal Violations - EEC Fines	510	843	036	0001	2581
Fines, Penalties or Violations	Legal Violations	510	843	070	0001	0797
Miscellaneous	Miscellaneous	510	861	000	0001	1121
Capital Development Board	Capital Development Board	511	000			
Damage Claim Recovery	Damage Claim Recovery	511	105	000	0001	0065
Damage Claim Recovery	Damage Claim Recoveries	511	105	000	0101	0065
Damage Claim Recovery	Damage Claim Recovery	511	105	000	0617	0065
Junior College	Junior College	511	320	000	0617	0281
Lincoln Historical Library Contribution	Lincoln Historical Library Contr	511	347	000	0617	1655
Federal Government	Defense,Department of	511	831	055	0617	0604
Federal Government	Veterans' Administration	511	831	200	0101	0653
Federal Government	Federal Stimulus Package	511	831	999	0617	2178
Fed Gov Via Local Ill Govt Units	Universities	511	834	500	0617	0698
Fed Monies Via Other Illinois Agency	Via Other Il State Agency	511	840	000	0617	0702
Licenses, Fees or Registrations	Copy Fees	511	855	100	0215	0939
Licenses, Fees or Registrations	Contract Administration	511	855	127	0215	0943
Licenses, Fees or Registrations	Attorney General-Contract Admin	511	855	172	0215	2428
Miscellaneous	Miscellaneous	511	861	000	0617	1121
Miscellaneous	Miscellaneous	511	861	000	0001	1121
Other Illinois State Agency	Other IL State Agencies	511	864	000	0617	1127
Other Illinois State Agency	DCEO	511	864	420	0170	1150
Other Illinois State Agency	State Police	511	864	493	0617	1161
Other Illinois State Agency	Department of Veterans' Affairs	511	864	497	0170	1610
Other Illinois State Agency	Environmental Protection Agency	511	864	532	0170	1166
Other Illinois State Agency	All State Universities	511	864	600	0170	2556
Other Illinois State Agency	Chicago State University	511	864	608	0617	1891
Repayment to State Pursuant to Law	Tri-City Regional Port Dist	511	880	700	0001	1282
Returned Utility Deposits	Returned Utility Deposits	511	889	000	0101	2029
Returned Utility Deposits	Returned Utility Deposits	511	889	000	0970	2029
Civil Service Commission	Civil Service Commission	517	000			
Licenses Fees or Registration	FOIA Fees	517	855	118	0001	2288
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	517	877	000	0001	1228
Commerce Commission	Commerce Commission	524	000			

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Intra-State Gross Revenue Tax/ Public Utilities	Intra-State Revenue Tax/P.U.	524	310	000	0059	0279
Intra-State Gross Revenue Tax/ Public Utilities	Intra-State Revenue Tax/P.U.	524	310	000	0401	0279
Intra-State Gross Revenue Tax/ Motor Carrier	Intra-State Rev Tax/Carriers	524	315	000	0018	0280
Public Utility Tax	QSWEF Tax Credit Repayment	524	480	050	0001	1601
Public Utility Tax	QSWEF Tax Credit Repayment	524	480	050	0059	1601
Public Utility Tax	Wireless 911 Surcharge	524	480	650	0612	1635
Public Utility Tax	Wireless 911 Surcharge	524	480	650	0613	1635
Federal Government	Federal Energy Regulatory Commission	524	831	007	0379	2395
Federal Government	Federal Railroad Association	524	831	020	0379	1852
Federal Government	Transportation, Department	524	831	180	0059	0643
Federal Government	Federal Stimulus Package	524	831	999	0379	2178
Fines, Penalties or Violations	Fines, Penalties or Violations	524	843	000	0001	0780
Fines, Penalties or Violations	Fines, Penalties or Violations	524	843	000	0127	0780
Fines, Penalties or Violations	WETSA Penalties	524	843	009	0001	2154
Fines, Penalties or Violations	WETSA Penalties	524	843	009	0612	2154
Fines, Penalties or Violations	Civil Penalties	524	843	012	0018	0782
Fund Transfers	Public Utility Fund	524	846	076	0059	2359
Licenses, Fees or Registrations	Copy Fees	524	855	100	0059	0939
Licenses, Fees or Registrations	Expedited Transmission Filing	524	855	122	0059	2296
Licenses, Fees or Registrations	WETSA Administrative Fee	524	855	128	0059	2301
Licenses, Fees or Registrations	Current Year	524	855	140	0018	0948
Licenses, Fees or Registrations	Recovery of Severance Costs	524	855	147	0059	2356
Licenses, Fees or Registrations	Dist Generation Installer Cert	524	855	183	0059	2449
Licenses, Fees or Registrations	Certif Fee Elec Veh Chrg Statn	524	855	191	0059	2477
Licenses, Fees or Registrations	Unified Carrier Registration	524	855	205	0018	2119
Licenses, Fees or Registrations	Repossession Towing Companies	524	855	206	0018	2368
Licenses, Fees or Registrations	Securities Issuance Fee	524	855	569	0059	1071
Miscellaneous	Miscellaneous	524	861	000	0018	1121
Miscellaneous	Miscellaneous	524	861	000	0059	1121
Miscellaneous	Miscellaneous	524	861	000	0001	1121
Miscellaneous	Miscellaneous	524	861	000	0011	1121
Miscellaneous	Miscellaneous	524	861	000	0141	1121
Other State Agencies	Dept. of Transportation	524	864	494	0018	1162
Repayment to State Pursuant to Law	Returned Petty Cash Fund	524	880	600	0059	1270
Repayment to State Pursuant to Law	Telephone Utilities	524	880	705	0059	1473
Settlement Proceeds	Settlement from ICC Order	524	886	005	0001	2565
Settlement Proceeds	Settlement from ICC Order	524	886	005	0059	2565
Alternate Compliance Payments	Alternate Retail Electric Suppliers	524	896	001	0836	2272
Drycleaners Environmental Response Council	Drycleaners Environmental Response Council	525	000			
Drycleaner Insurance Premium	Drycleaner Insurance Premium	525	304	000	0548	1595
Fund Transfers	Drycleaner Trust Fund	525	846	606	0548	1592
Licenses, Fees or Registrations	Solvent Supplier Penalty Fees	525	855	124	0548	2319
Licenses, Fees or Registrations	Drycleaner Late Payment Fees	525	855	159	0548	1594
Deaf and Hard of Hearing Commission	Deaf & Hard of Hearing Comm	526	000			
Federal Monies via Other Illinois Agency	SBE Federal Department of Education	526	840	561	0405	0728
Fines, Penalties or Violations	Fines, Penalties or Violations	526	843	000	0449	0780
Licenses, Fees or Registrations	Licenses, Fees or Registrations	526	855	000	0449	0915
Miscellaneous	Miscellaneous	526	861	000	0001	1121
Comprehensive Health Insurance Board	Comprehensive Health Insurance	527	000			
Local Funds	Local Funds	527	373	000	0177	0300
Court of Claims	Court of Claims	528	000			
Federal Government	U.S. Dept. of Justice	528	831	110	0001	0629
Federal Government	U.S. Dept. of Justice	528	831	110	0434	0629
Federal Government	U.S. Dept. of Justice	528	831	110	0687	0629

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	U.S. Dept. of Justice	528	831	110	0843	0629
Fund Transfers	Court of Claims	528	846	008	0001	1742
Fund Transfers	Court of Claims	528	846	008	0063	1742
Fund Transfers	Court of Claims	528	846	008	0497	1742
Fund Transfers	Court of Claims	528	846	008	0762	1742
Licenses, Fees or Registrations	Filing Fees	528	855	200	0001	0959
Miscellaneous	Miscellaneous	528	861	000	0001	1121
Repayment to State Pursuant to Law	Lien Pay-Offs	528	880	090	0687	2388
Restitution	Restitution	528	893	000	0687	2075
Restitution	Restitution	528	893	000	0843	2075
Environmental Protection Agency	Environmental Protection Agency	532	000			
Hazardous Waste Cost Recoveries	Hazard Waste Cost Recoveries	532	238	000	0828	0127
Loan Repayments	Loan Repayments-Interest	532	355	025	0214	0296
Loan Repayments	Loan Repayments-Interest	532	355	025	0270	0296
Loan Repayments	Interest/Drinking Water	532	355	035	0270	1564
Loan Repayments	Loan Repayments-Principal	532	355	050	0214	0297
Loan Repayments	Loan Repayments-Principal	532	355	050	0270	0297
Loan Repayments	Principal/Drinking Water	532	355	060	0270	1565
Loan Repayments	Amalgamated Bank	532	355	070	0270	1792
Program Income	Grantee Interest Income	532	472	150	0074	0398
Bond Issue Proceeds	Bond Issue Proceeds	532	803	000	0270	0571
Bond Issue Proceeds	State Match-Drinking Water	532	803	060	0270	2450
Bond Issue Proceeds	State Match-Clean Water	532	803	070	0270	2451
Court and Anti-Trust Distribution	Court and Anti-Trust Distributions	532	820	000	0001	0582
Court and Anti-Trust Distribution	Court and Anti-Trust Distributions	532	820	000	0074	0582
Court and Anti-Trust Distribution	Court and Anti-Trust Distributions	532	820	000	0154	0582
Court and Anti-Trust Distribution	Court and Anti-Trust Distributions	532	820	000	0774	0582
Court and Anti-Trust Distribution	Court and Anti-Trust Distributions	532	820	000	0828	0582
Federal Government	Environmental Protection Agency	532	831	060	0065	0608
Federal Government	Environmental Protection Agency	532	831	060	0214	0608
Federal Government	Environmental Protection Agency	532	831	060	0270	0608
Federal Government	Federal Stimulus Package	532	831	999	0065	2178
Federal Government	Federal Stimulus Package	532	831	999	0214	2178
Federal Government	Federal Stimulus Package	532	831	999	0270	2178
Federal Monies Via Other State or Org.	Great Lakes Commission	532	837	095	0065	1502
Federal Monies Via Other State or Org.	Great Lakes Commission	532	837	095	0074	1502
Fed. Monies via Other Illinois Agency	IL DOT/U.S. DOT	532	840	494	0065	1791
Fed. Monies via Other Illinois Agency	IL DOT/U.S. DOT	532	840	494	0963	1791
Fines, Penalties or Violations	IL Environmental Protection Act	532	843	001	0072	2012
Fines, Penalties or Violations	Civil Penalties	532	843	012	0294	0782
Fines, Penalties or Violations	Civil Penalties	532	843	012	0401	0782
Fines, Penalties or Violations	Civil Penalties	532	843	012	0845	0782
Fines, Penalties or Violations	Civil Penalties	532	843	012	0944	0782
Fines, Penalties or Violations	Electronic Recycling Penalty	532	843	029	0675	2475
Fines, Penalties or Violations	Interest	532	843	061	0294	0794
Fines, Penalties or Violations	Interest	532	843	061	0401	0794
Fines, Penalties or Violations	Interest	532	843	061	0731	0794
Fines, Penalties or Violations	Interest	532	843	061	0774	0794
Fines, Penalties or Violations	Interest	532	843	061	0828	0794
Fines, Penalties or Violations	Interest	532	843	061	0845	0794
Fines, Penalties or Violations	Landfill Surety Bond Forfeit	532	843	064	0945	0796
Fines, Penalties or Violations	Pollution Control Fines	532	843	100	0001	0803
Fines, Penalties or Violations	Toxic Waste Release	532	843	603	0944	1496
Fund Transfers	General Revenue Fund	532	846	001	0270	0827
Fund Transfers	General Revenue Fund	532	846	001	0828	0827
Fund Transfers	Motor Fuel Tax Fund	532	846	016	0963	2571
Fund Transfers	Water Revolving Escrow Account	532	846	020	0270	1793
Fund Transfers	Anti-Pollution Fund	532	864	551	0065	0858
Fund Transfers	Anti-Pollution Fund	532	846	551	0270	0858
Fund Transfers	Build Illinois Bond Fund	532	846	971	0214	1628

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fund Transfers	Build Illinois Bond Fund	532	846	971	0270	1628
Fund Transfers	Build Illinois Bond Fund	532	846	971	0828	1628
Investment Income	Investment Income	532	852	000	0270	0870
Licenses, Fees or Registrations	Licenses/Fee or Registration	532	855	000	0277	0915
Licenses, Fees or Registrations	Water NPDES Fees	532	855	006	0401	1829
Licenses, Fees or Registrations	Water NPDES Fees	532	855	006	0731	1829
Licenses, Fees or Registrations	Water Quality Construction Fees	532	855	007	0731	1830
Licenses, Fees or Registrations	Water Industrial Construction	532	855	008	0944	1831
Licenses, Fees or Registrations	Air Asbestos Fees	532	855	009	0944	1832
Licenses, Fees or Registrations	Air Construction Permit Fees	532	855	011	0944	1833
Licenses, Fees or Registrations	Lg. Hazard. Waste Generator Fees	532	855	012	0944	1834
Licenses, Fees or Registrations	Administrative Hearing Fees	532	855	017	0845	0919
Licenses, Fees or Registrations	Air Pollution Emission Permits	532	855	032	0091	0925
Licenses, Fees or Registrations	Air Pollution Emission Permits	532	855	032	0401	0925
Licenses, Fees or Registrations	Air Pollution Emission Permits	532	855	032	0738	0925
Licenses, Fees or Registrations	Air Pollution Operating	532	855	035	0401	0926
Licenses, Fees or Registrations	Air Pollution Operating	532	855	035	0944	0926
Licenses, Fees or Registrations	Electronic Products Recycling	532	855	074	0675	2166
Licenses, Fees or Registrations	Remediation Reimbursement Review	532	855	085	0214	2189
Licenses, Fees or Registrations	Copy Fees	532	855	100	0001	0939
Licenses, Fees or Registrations	FOIA Fees	532	855	118	0277	2288
Licenses, Fees or Registrations	Clean Construction or Demolition Debris Fees	532	855	123	0944	2300
Licenses, Fees or Registrations	Expedited Permit Fee	532	855	161	0944	2353
Licenses, Fees or Registrations	Smaller Sources Permits	532	855	193	0944	2485
Licenses, Fees or Registrations	Lead Testing-Lab Analysis	532	855	231	0288	2587
Licenses, Fees or Registrations	NPDES & Stormwater Permit Fees	532	855	233	0731	2605
Licenses, Fees or Registrations	Avoided Fees	532	855	234	0944	2606
Licenses, Fees or Registrations	Hazardous Waste Sites	532	855	265	0828	0976
Licenses, Fees or Registrations	Hazardous Waste Sites	532	855	265	0840	0976
Licenses, Fees or Registrations	Hazardous Waste Disposal Fac	532	855	268	0944	0977
Licenses, Fees or Registrations	Laboratory Fees	532	855	355	0336	0989
Licenses, Fees or Registrations	Laboratory Fees	532	855	355	0288	0989
Licenses, Fees or Registrations	Manifest	532	855	402	0944	1003
Licenses, Fees or Registrations	PIMW-Manifests	532	855	485	0944	1048
Licenses, Fees or Registrations	PIMW-Hauler Fees	532	855	486	0944	1049
Licenses, Fees or Registrations	PIMW-Transport Fees	532	855	487	0944	1050
Licenses, Fees or Registrations	Public Water Supply Operator	532	855	501	0944	1541
Licenses, Fees or Registrations	Public Water Supply Const	532	855	503	0944	1054
Licenses, Fees or Registrations	Sanitary Landfill	532	855	567	0089	1069
Licenses, Fees or Registrations	Sewer Construction Permits	532	855	568	0944	1070
Licenses, Fees or Registrations	Sanitary Landfill	532	855	571	0078	1401
Licenses, Fees or Registrations	Sanitary Landfill	532	855	571	0089	1401
Licenses, Fees or Registrations	Special Waste Hauling Permit	532	855	578	0840	1075
Licenses, Fees or Registrations	Special Waste Hauling Permit	532	855	578	0944	1075
Licenses, Fees or Registrations	Solid Waste Site Operator	532	855	585	0944	1078
Licenses, Fees or Registrations	Vehicle Emissions Inspec Fee	532	855	595	0963	1570
Licenses, Fees or Registrations	Toxic Chemical Release	532	855	613	0944	1086
Licenses, Fees or Registrations	Uniform Hazard Waste	532	855	701	0944	1495
Licenses, Fees or Registrations	Used Tire Storage Site	532	855	720	0944	1093
Local Illinois Governmental Units	Local IL Governmental Units	532	858	000	0270	1114
Miscellaneous	Miscellaneous	532	861	000	0001	1121
Miscellaneous	Miscellaneous	532	861	000	0065	1121
Miscellaneous	Miscellaneous	532	861	000	0074	1121
Miscellaneous	Miscellaneous	532	861	000	0270	1121
Miscellaneous	Miscellaneous	532	861	000	0288	1121
Miscellaneous	Miscellaneous	532	861	000	0731	1121
Miscellaneous	Miscellaneous Receipts	532	861	007	0214	2367
Other Illinois State Agency	Road Fund	532	864	011	0065	1129
Other Illinois State Agency	Road Fund	532	864	011	0963	1129
Other Illinois State Agency	Secretary of State	532	864	350	0074	1144
Other Illinois State Agency	Natural Resources	532	864	422	0074	1151

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Other Illinois State Agency	Transportation	532	864	494	0731	1162
Other Illinois State Agency	Transportation	532	864	494	0828	1162
Other Illinois State Agency	Environmental Protection Trust	532	864	845	0074	1185
Other Illinois State Agency	Environmental Protection Trust	532	864	845	0207	1185
Other Illinois State Agency	Environmental Protection Trust	532	864	845	0828	1185
Other States	Other States	532	867	000	0065	1194
Private Organizations or Individuals	Private Organiza or Indiv	532	870	000	0074	1200
Private Organizations or Individuals	Private Organiza or Indiv	532	870	000	0845	1200
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0065	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0072	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0074	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0078	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0089	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0091	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0214	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0270	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0288	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0294	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0336	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0675	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0731	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0765	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0828	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0845	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0944	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	532	877	000	0963	1228
Repayment to State Pursuant to Law	Repayment Pursuant to Law	532	880	000	0072	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	532	880	000	0078	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	532	880	000	0294	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	532	880	000	0731	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	532	880	000	0828	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	532	880	000	0944	1243
Repayment to State Pursuant to Law	Repayment Pursuant to Law	532	880	858	0270	1284
Repayment to State Pursuant to Law	Local Govt/Drinking Water	532	880	868	0270	1566
Subscription or Publication Sales	Opinion Sales	532	888	030	0277	1296
Subscription or Publication Sales	Opinion Subscriptions	532	888	040	0277	1386
IL Health Information Exchange Authority	IL Health Information Exchange Authority	534	000			
Federal Government	Health and Human Services	534	831	075	0606	0618
Fed Monies Via Other Illinois Agency	Department of Public Health	534	840	413	0606	2316
Fed Monies Via Other Illinois Agency	Healthcare and Family Services	534	840	478	0606	2215
Licenses, Fees or Registrations	Connectivity and Usage Fees - State Agencies	534	855	167	0606	2394
Licenses, Fees or Registrations	HIE-Commercial Health Insurance Fees	534	855	207	0606	2399
Licenses, Fees or Registrations	ILHIE Direct Fees	534	855	208	0606	2400
Licenses, Fees or Registrations	Integrated Direct Fees	534	855	209	0606	2401

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Licenses, Fees or Registrations	EHR Connect Fees	534	855	210	0606	2402
Licenses, Fees or Registrations	HIE-Lab Fees	534	855	211	0606	2403
Licenses, Fees or Registrations	HIE-Pharmacy Fees	534	855	212	0606	2404
Licenses, Fees or Registrations	HIE-Integrated Delivery Network Fees	534	855	213	0606	2405
Licenses, Fees or Registrations	HIE-Regional Health Information Org Fees	534	855	214	0606	2406
Licenses, Fees or Registrations	HIE-Community Healthcare Centers Fees	534	855	215	0606	2407
Repayment to State Pursuant to Law	Returned Petty Cash Fund	534	880	600	0606	1270
Guardianship and Advocacy Comm.	Guardianship & Advocacy Comm.	537	000			
Licenses, Fees or Registrations	Licenses/Fee or Registration	537	855	000	0297	0915
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	537	877	000	0001	1228
Repayment to State Pursuant to Law	Involuntary Withholding - Salary Refund	537	880	060	0001	2003
Historic Preservation Agency	Historic Preservation Agency	541	000			
Concessionaire Revenue	Concession Revenue	541	090	000	0538	0056
Concessionaire Revenue	Concession Revenue	541	090	000	0776	0056
Federal Government	Housing & Urban Development	541	831	011	0538	2583
Federal Government	Interior, Department of	541	831	100	0538	0626
Licenses, Fees or Registrations	Camping Fees	541	855	060	0538	0931
Licenses, Fees or Registrations	Conference Fees	541	855	097	0538	0937
Licenses, Fees or Registrations	Admission Fees	541	855	356	0538	0921
Licenses, Fees or Registrations	Admission Fees	541	855	356	0776	0921
Licenses, Fees or Registrations	Parking Fees	541	855	445	0776	1037
Miscellaneous	Miscellaneous	541	861	000	0001	1121
Miscellaneous	Miscellaneous	541	861	000	0538	1121
Miscellaneous	Miscellaneous	541	861	000	0776	1121
Other Illinois State Agency	General Revenue Fund	541	864	001	0538	1128
Other Illinois State Agency	Commerce & Economic Opportunity	541	864	420	0538	1150
Private Organizations or Individuals	Private Organiza or Indiv	541	870	000	0538	1200
Private Organizations or Individuals	Private Organiza or Indiv	541	870	000	0776	1200
Private Organizations or Individuals	Donation Box	541	870	210	0538	1208
Private Organizations or Individuals	Donation Box	541	870	210	0776	1208
Product Sales	Agricultural Proceeds	541	872	010	0538	1974
Rental Income	Property	541	876	500	0538	1225
Rental Income	Property	541	876	500	0776	1225
Rental Income	Underground Parking	541	876	700	0538	1227
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	541	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	541	877	000	0538	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	541	877	000	0763	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	541	877	000	0776	1228
Repayment to State Pursuant to Law	Returned Petty Cash	541	880	600	0001	1270
Repayment to State Pursuant to Law	Returned Petty Cash	541	880	600	0538	1270
Repayment to State Pursuant to Law	Returned Petty Cash	541	880	600	0776	1270
Subscription or Publication Sales	Books/Magazine & Periodicals	541	888	005	0538	1290
Subscription or Publication Sales	Copy Petitions & Materials	541	888	100	0538	1303
Subscription or Publication Sales	Copy Petitions & Materials	541	888	100	0776	1303
Commission on Human Rights	Commission on Human Rights	542	000			
Court and Anti-Trust Distribut	Court Dist/Dispt Raise-GRF	542	820	030	0168	2396
Repay State/Jury Duty & Personal Phone Calls	Reim/Jury Duty & Recoveries	542	877	000	0001	1228
Repayment to State Pursuant to Law	Returned Petty Cash Fund	542	880	600	0001	1270
Illinois Criminal Justice Information Authority	Illinois Criminal Justice Information Authority	546	000			
Federal Government	U.S. Dept of Justice	546	831	110	0318	0629
Federal Government	U.S. Dept of Justice	546	831	110	0581	0629

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	Law Enforcement Admin	546	831	130	0488	0632
Federal Government	Federal Stimulus Package	546	831	999	0488	2178
Fed Monies Via Other Illinois Agency	DCFS Juvenile Justice Trust	546	840	911	0488	0747
Federal Program Income	Federal Program Income	546	841	000	0488	0752
Federal Program Income	Grantee Interest Income	546	841	150	0581	0760
Fines, Penalties or Violations	Circuit Clerk Fines, Penalties & Assessments	546	843	027	0335	2366
Licenses, Fees or Registrations	Motor Vehicle Insurers	546	855	423	0156	1022
Local Illinois Governmental Units	Local IL Governmental Units	546	858	000	0335	1114
Miscellaneous	Miscellaneous	546	861	000	0001	1121
Miscellaneous	Miscellaneous	546	861	000	0184	1121
Miscellaneous	Miscellaneous	546	861	000	0477	1121
Miscellaneous	Miscellaneous	546	861	000	0488	1121
Miscellaneous	Miscellaneous	546	861	000	0513	1121
Miscellaneous	Miscellaneous	546	861	000	0539	1121
Other Illinois State Agency	Other IL State Agencies	546	864	000	0335	1127
Other Illinois State Agency	Dept. of Human Services	546	864	444	0001	1466
Other Illinois State Agency	Dept. of Human Services	546	864	444	0318	1466
Other Illinois State Agency	Dept. of Human Services	546	864	444	0335	1466
Other Illinois State Agency	Illinois State Police	546	864	493	0156	1161
Private Organizations or Individuals	Private Organiza or Indiv	546	870	000	0318	1200
Private Organizations or Individuals	Private Organiza or Indiv	546	870	000	0335	1200
Private Organizations or Individuals	Private Organiza or Indiv	546	870	000	0488	1200
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	546	877	000	0001	1228
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	546	879	000	0581	1240
Repayment to State Pursuant to Law	Returned Petty Cash Funds	546	880	600	0001	1270
Illinois Educational Labor Relations Bd.	IL Educational Labor Relations Bd.	548	000			
Fair Share Dues From Non-Members	Fair Share Dues Non Member	548	185	000	0996	0109
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	548	877	000	0001	1228
State Board of Investments		555	000			
Investment Income	Investment Income	555	852	000	0529	0870
Licenses, Fees or Registrations	Copy Fees	555	855	100	0529	0939
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	555	877	000	0529	1228
Repayment to State Pursuant to Law	Repay.-Other Employee Comp.	555	880	035	0529	1995
Illinois Toll Highway Authority	Illinois Toll Highway Authority	557	000			
Tolls	Tolls	557	600	000	0455	0516
Bond Issue Proceeds	Bond Issue Proceeds	557	803	000	0455	0571
Investment Income	Investment Income	557	852	000	0455	0870
Miscellaneous	Miscellaneous	557	861	000	0455	1121
Miscellaneous	Miscellaneous	557	861	000	0312	1121
Other Illinois State Agency	Transportation	557	864	494	0455	1162
Repayment to State Pursuant to Law	Returned Petty Cash Fund	557	880	600	0455	1270
Illinois Council on Developmental Disabilities	Illinois Council on Developmental Disabilities	558	000			
Federal Government	Health and Human Services	558	831	075	0131	0618
Fed Monies Via Other Illinois Agency	Vocational Rehabilitation	558	840	081	0131	0710
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Education	558	840	561	0131	0728
Other Illinois State Agency	Dept. of Human Services	558	864	462	0131	1155
Private Organizations or Individuals	Private Organiza or Indiv	558	870	000	0131	1200
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	558	877	000	0131	1228
Repayment to State Pursuant to Law	Returned Petty Cash Fund	558	880	600	0131	1270
Illinois Finance Authority	Illinois Finance Authority	560	000			
Loan Repayments	Fire Truck Revolving Loans	560	355	010	0572	1978
Loan Repayments	Ambulance Revolving Loans	560	355	015	0334	2303
Repayment of Loan Guarantees	Repay Loan Guaran.-Principal	560	524	050	0205	0456
Repayment of Loan Guarantees	Repay Loan Guaran.-Principal	560	524	050	0994	0456

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fund Transfers	General Revenue Fund	560	846	001	0994	0827
Fund Transfers	Build Illinois Bond Fund	560	846	971	0572	1628
Procurement Policy Board	Procurement Policy Board	562	000			
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	562	877	000	0001	1228
Workers' Compensation Commission	Workers' Compensation Comm.	563	000			
Employer Payments for Injured Employees	Employer Pay/Employee Comp	563	157	000	0431	0104
1/2% of Comp.Payment Made by Employers	1/2% Comp Pd Employer	563	422	000	0685	0344
Self Insurers Assessments	Self-Insured Employers	563	565	010	0940	0499
Fines, Penalties or Violations	Fines, Penalties, Violations	563	843	000	0179	0780
Fines, Penalties or Violations	Fines, Penalties, Violations	563	843	000	0534	0780
Licenses, Fees or Registrations	Self Insurance	563	855	566	0274	1533
Miscellaneous	Miscellaneous	563	861	000	0001	1121
Repayment to State Pursuant to Law	Returned Petty Cash Fund	563	880	600	0534	1270
Illinois Independent Tax Tribunal	Illinois Independent Tax Tribunal	564	000			
Licenses, Fees or Registrations	Filing Fees	564	855	071	0169	2142
Illinois Gaming Board	Illinois Gaming Board	565	000			
Admission Tax	Admission Tax Boat & Gambling	565	015	150	0129	0003
Riverboat Gambling Wagering Tax	Riverboat Gambling Wagering Tax	565	532	000	0129	0467
Video Gaming Tax	30% Video Terminal Tax	565	534	001	0694	2292
Video Gaming Tax	30% Video Terminal Tax	565	534	001	0842	2292
Fines, Penalties or Violations	Civil Penalties	565	843	013	0007	0783
Fines, Penalties or Violations	Fines and Penalties for Video Gaming	565	843	026	0007	2329
Licenses, Fees or Registrations	VGA-Manufacturers' Licenses	565	855	104	0129	2273
Licenses, Fees or Registrations	VGA-Distributor Licenses	565	855	105	0129	2274
Licenses, Fees or Registrations	VGA-Terminal Operator Licenses	565	855	106	0129	2275
Licenses, Fees or Registrations	VGA-Supplier Licenses	565	855	107	0129	2276
Licenses, Fees or Registrations	VGA-Technician Licenses	565	855	108	0129	2277
Licenses, Fees or Registrations	VGA-Establishment Licenses	565	855	109	0129	2278
Licenses, Fees or Registrations	VGA-Terminal Licenses	565	855	110	0129	2279
Licenses, Fees or Registrations	VGA-Handler Licenses	565	855	111	0129	2280
Licenses, Fees or Registrations	VGA-Manufacturer Application Fees	565	855	112	0129	2281
Licenses, Fees or Registrations	VGA-Distributor Application Fees	565	855	113	0129	2282
Licenses, Fees or Registrations	VGA-Terminal Operator Application Fees	565	855	114	0129	2283
Licenses, Fees or Registrations	VGA-Supplier Application Fees	565	855	115	0129	2284
Licenses, Fees or Registrations	VGA-Technician Application Fees	565	855	116	0129	2285
Licenses, Fees or Registrations	VGA-Handler Application Fees	565	855	117	0129	2286
Licenses, Fees or Registrations	Occupational Renewal Fees	565	855	132	0129	2330
Licenses, Fees or Registrations	Riverboat Supplier's Application Fees	565	855	133	0129	2331
Licenses, Fees or Registrations	Riverboat Supplier's License Fees	565	855	134	0129	2332
Licenses, Fees or Registrations	Badge Replacement Issued Fees	565	855	146	0129	2341
Licenses, Fees or Registrations	VGA-Badge Replacement Fee	565	855	186	0129	2454
Licenses, Fees or Registrations	Manufactured Home License	565	855	422	0129	1712
Licenses, Fees or Registrations	Riverboat Gambling Occupational License Fees	565	855	438	0129	1031
Licenses, Fees or Registrations	Riverboat Gambling Owners License Fees	565	855	442	0001	1034
Licenses, Fees or Registrations	Riverboat Gambling Owners License Fees	565	855	442	0129	1034
Repay State/Jury Duty & Personal Calls	Repay State/Jury Duty & Personal Calls	565	877	000	0129	1228
Repayment to State Pursuant to Law	Returned Petty Cash Fund	565	880	600	0129	1270
Illinois State Charter School Commission	Illinois State Charter School Commission	568	000			
Licenses, Fees or Registrations	Charter School Authorization Fee	568	855	166	0674	2393
Private Organizations or Individuals	Private Organizations or Individuals	568	870	000	0674	1200
Illinois Law Enforcement Training and Standards Board	Illinois Law Enforcement Training and Standards Board	569	000			
Federal Government	U.S. Dept. of Justice	569	831	110	0923	0629
Fed Monies Via Other Illinois Agency	IEMA - Homeland Security	569	840	110	0923	1894
Fed Monies Via Other Illinois Agency	Criminal Justice Trust Fund	569	840	488	0923	0724

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fed Monies Via Other Illinois Agency	Juvenile Justice Trust Fund	569	840	911	0923	0747
Licenses, Fees or Registrations	Academy Training Fees	569	855	154	0517	1510
Licenses, Fees or Registrations	Application Fees	569	855	042	0517	0928
Licenses, Fees or Registrations	Entrants Fees	569	855	005	0517	1511
Miscellaneous	Miscellaneous	569	861	000	0879	1121
Other Illinois State Agency	Dept. of Human Services - GRF	569	864	444	0923	1466
Other Illinois State Agency	Il Crimin Justice Info Auth	569	864	546	0923	1168
Other Illinois State Agency	Violent Crime Victims Assistance	569	864	929	0923	1186
Prisoner Review Board	Prisoner Review Board	578	000			
Licenses, Fees or Registrations	Court Supervision Circuit Clerks	578	855	054	0366	2089
Miscellaneous	Miscellaneous	578	861	000	0001	1121
Other Illinois State Agency	Attorney General	578	864	340	0001	1143
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	578	877	000	0001	1228
Illinois Racing Board	Illinois Racing Board	579	000			
Admission Tax	Admission Tax-Racetracks	579	015	100	0632	0002
Admission Tax	Admission Fee-OTB	579	015	250	0632	2347
Privilege Tax	.25% Tax-ADW Standardbred Purses	579	470	600	0632	2390
Fines, Penalties and Violations	Fines & Penalties	579	843	120	0632	0806
Licenses, Fees or Registrations	Annual Charity Assessment	579	855	037	0271	1364
Licenses, Fees or Registrations	Photo ID Fees	579	855	135	0632	2333
Licenses, Fees or Registrations	Fingerprint Fees	579	855	222	0632	1385
Licenses, Fees or Registrations	Occupation Licenses	579	855	300	0632	1365
Licenses, Fees or Registrations	Organization Licenses	579	855	600	0632	1368
Miscellaneous	Racing Board	579	861	200	0632	1837
Other Illinois State Agency	Sales of Goods & Svcs-ICI	579	864	014	0632	1878
Repay State/Jury Duty & Personal Calls	Repay State/Jury Duty & Personal Calls	579	877	000	0632	1228
Surcharge	2% Winning Wager Surcharge	579	894	020	0632	2469
Surcharge	2% Winning Wager Surcharge	579	894	020	0785	2469
Property Tax Appeal Board	Property Tax Appeal Board	580	000			
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	580	877	000	0001	1228
Subscription or Publication Sales	Books/Magazine & Periodicals	580	888	005	0001	1290
Sex Offender Management Board	Sex Offender Management Board	583	000			
Federal Government	U.S. Dept. of Justice	583	831	110	0527	0629
State Board of Education	State Board of Education	586	000			
Loan Repayments	Loan Repayments	586	355	000	0605	0295
Loan Repayments	Loan Repayments-Interest	586	355	025	0569	0296
Loan Repayments	Loan Repayments-Interest	586	355	025	0130	0296
Loan Repayments	Loan Repayments-Principal	586	355	050	0567	0297
Loan Repayments	Loan Repayments-Principal	586	355	050	0569	0297
Loan Repayments	Loan Repayments-Principal	586	355	050	0605	0297
Loan Repayments	Loan Repayments-Principal	586	355	050	0130	0297
Program Income	Grantee Interest Income	586	472	150	0001	0398
Federal Government	DHHS-Refugee Services	586	831	005	0560	1964
Federal Government	Agriculture, Department of	586	831	010	0410	0594
Federal Government	DHHS-Trng School Health Persnl	586	831	025	0560	1965
Federal Government	Defense, Department of	586	831	055	0561	0604
Federal Government	Education, Department of	586	831	058	0561	0607
Federal Government	Labor,Department of	586	831	120	0560	0630
Federal Government	National Community Service	586	831	133	0560	0634
Federal Government	Federal Stimulus Package	586	831	999	0001	2178
Federal Government	Federal Stimulus Package	586	831	999	0410	2178
Federal Government	Federal Stimulus Package	586	831	999	0561	2178
Federal Monies Via Other State or Organization	Fed. Monies via Other State or Org.	586	837	000	0561	1381
Fed Monies Via Other Illinois Agency	ISP Federal Project Fund	586	840	904	0561	1573
Federal Program Income	Federal Program Income	586	841	000	0410	0752

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Program Income	Grantee Interest Income	586	841	150	0561	0760
Federal Program Income	Grantee Interest Income ARRA	586	841	999	0410	2226
Federal Program Income	Grantee Interest Income ARRA	586	841	999	0561	2226
Fed Govt Indirect Cost Reimbursement	US Department of Agriculture	586	842	010	0001	0765
Fed Govt Indirect Cost Reimbursement	US Department of Agriculture	586	842	010	0144	0765
Fed Govt Indirect Cost Reimbursement	Education, US Department of	586	842	057	0001	0768
Fed Govt Indirect Cost Reimbursement	Education, US Department of	586	842	057	0144	0768
Fed Govt Indirect Cost Reimbursement	Health & Human Services	586	842	075	0001	0771
Fed Govt Indirect Cost Reimbursement	Health & Human Services	586	842	075	0144	0771
Fed Govt Indirect Cost Reimbursement	Labor, Dept. of	586	842	120	0001	0774
Fed Govt Indirect Cost Reimbursement	ISBE Fed Nat'l Comm Serv	586	842	183	0001	0776
Fed Govt Indirect Cost Reimbursement	SBE & Job Training Partners	586	842	656	0001	0779
Fines, Penalties or Violations	Interest Penalty	586	843	061	0569	0794
Fund Transfers	General Revenue Fund	586	846	001	0130	0827
Fund Transfers	General Revenue Fund	586	846	001	0567	0827
Fund Transfers	General Revenue Fund	586	846	001	0605	0827
Fund Transfers	School Technology Revolving Loan	586	846	568	0569	1574
Licenses, Fees or Registrations	Review and Inspection School Facilities	586	855	094	0001	2255
Licenses, Fees or Registrations	H. S. Equivalency Testing	586	855	272	0161	0979
Licenses, Fees or Registrations	Private Business Schools	586	855	480	0001	1046
Licenses, Fees or Registrations	Teacher's Certification	586	855	590	0016	1080
Licenses, Fees or Registrations	Teacher's Certification	586	855	590	0159	1080
Licenses, Fees or Registrations	Transfer of Regional Fund Balance	586	855	846	0159	1113
Miscellaneous	Miscellaneous	586	861	000	0561	1121
Miscellaneous	Miscellaneous	586	861	000	0001	1121
Miscellaneous	Miscellaneous	586	861	000	0144	1121
Miscellaneous	Miscellaneous	586	861	000	0410	1121
Other Illinois State Agency	Early Intervention Revolving	586	864	355	0502	1411
Other Illinois State Agency	Dept. of Human Services	586	864	444	0144	1466
Other Illinois State Agency	Capital Development Board	586	864	511	0144	2016
Private Organizations or Individuals	Private Organizations or Individuals	586	870	000	0144	1200
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	586	877	000	0001	1228
State Board of Elections	State Board of Elections	587	000			
Repayment-Unused Grant Funds	Repayment-Unused Grant Funds	587	633	000	0206	1981
Federal Government	Fed. Election Assist.-Ind.w/Disab.	587	831	040	0206	1970
Federal Government	Health and Human Services	587	831	075	0206	0618
Federal Government	General Services Administration	587	831	875	0206	1860
Fed Gov't Indirect Cost Reimbursement	Fed Gov't Indirect Cost Reimbursement	587	842	000	0001	0764
Fines, Penalties or Violations	Interest	587	843	061	0206	0794
Private Organizations or Individuals	Private Organizations or Individuals	587	870	000	0467	1200
Subscription or Publication Sales	Copy Petitions & Materials	587	888	100	0001	1303
State Emergency Management Agency	State Emergency Mgmt Agency	588	000			
Federal Government	Dept. of Homeland Security-FEMA	588	831	035	0491	1952
Federal Government	Dept. of Homeland Security	588	831	045	0491	1971
Federal Government	FEMA - Disaster 3230	588	831	059	0491	2030
Federal Government	Environmental Protection Agency	588	831	060	0191	0608
Federal Government	Environmental Protection Agency	588	831	060	0484	0608
Federal Government	Environmental Protection Agency	588	831	060	0497	0608
Federal Government	FEMA/Agreement #997DR	588	831	064	0491	0609
Federal Government	FEMA 0871-HM	588	831	066	0491	0611
Federal Government	Emergency Management Agency	588	831	068	0001	0613
Federal Government	Emergency Management Agency	588	831	068	0484	0613
Federal Government	Emergency Management Agency	588	831	068	0491	0613
Federal Government	Emergency Management Agency	588	831	068	0497	0613
Federal Government	FEMA/Agreement #860-DR	588	831	073	0491	0616
Federal Government	FEMA/Agreement #1278	588	831	074	0491	0617
Federal Government	Health & Human Services	588	831	075	0067	0618
Federal Government	FEMA-State Disaster #1025DR	588	831	076	0491	0619

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	FEMA/Agreement #941	588	831	079	0491	0622
Federal Government	U.S. Dept. of Justice	588	831	110	0497	0629
Federal Government	U.S. Dept. of Justice	588	831	110	0710	0629
Federal Government	Nuclear Regulator Commission	588	831	149	0796	0639
Federal Government	Small Business Admin	588	831	158	0491	0640
Federal Government	FEMA/Agreement #1053DR	588	831	171	0491	0642
Federal Government	Transportation, Department	588	831	180	0497	0643
Federal Government	FEMA #3161	588	831	611	0491	1668
Federal Government	FEMA/Agreement #1112DR	588	831	660	0491	0657
Federal Government	FEMA/Agreement #1110DR	588	831	661	0491	0658
Federal Government	FEMA/Agreement #1129DR	588	831	662	0491	0659
Federal Government	FEMA/Grant #1188DR	588	831	663	0491	1429
Federal Government	FEMA #3134-EM-IL	588	831	665	0491	1571
Federal Government	Fed Gov/FEMA Grant 1170	588	831	670	0491	1389
Federal Government	FEMA	588	831	799	0067	1741
Federal Government	FEMA	588	831	799	0491	1741
Federal Government	FEMA	588	831	799	0667	1741
Federal Government	FEMA	588	831	799	0710	1741
Federal Government	FEMA	588	831	799	0796	1741
Federal Monies Via Other State or Organization	Council of Great Lakes Gov.	588	837	025	0067	0700
Federal Monies via Other Illinois Agency	Homeland Security	588	840	045	0497	1975
Federal Monies via Other Illinois Agency	Department of Public Health	588	840	413	0710	2316
Fed Govt Indirect Cost Reimbursement	FEMA - Checks	588	842	069	0001	1781
Fines, Penalties or Violations	Fines/Penalty or Violations	588	843	000	0067	0780
Fines, Penalties or Violations	Fines/Penalty or Violations	588	843	000	0173	0780
Fund Transfers	General Revenue Fund	588	846	001	0667	0827
Fund Transfer	Disaster Relief Refunds	588	846	491	0001	1794
Licenses, Fees or Registrations	Radon Mitigation Installers Tag	588	855	087	0067	2225
Licenses, Fees or Registrations	Copy Fees	588	855	100	0001	0939
Licenses, Fees or Registrations	Copy Fees	588	855	100	0796	0939
Licenses, Fees or Registrations	Laser Registration Fees	588	855	216	0067	2501
Licenses, Fees or Registrations	Industrial Radiographers	588	855	346	0067	0986
Licenses, Fees or Registrations	Low Level Waste 13(A) (B1)	588	855	396	0942	0999
Licenses, Fees or Registrations	Low Level Waste 13(A) (B1)	588	855	396	0943	0999
Licenses, Fees or Registrations	Mammography Install. Fee	588	855	400	0067	1523
Licenses, Fees or Registrations	Nuclear Reactor Ann Assess	588	855	425	0796	1024
Licenses, Fees or Registrations	Nuclear Fuel Storage Fee	588	855	427	0796	1025
Licenses, Fees or Registrations	Nurse Agencies	588	855	429	0796	1027
Licenses, Fees or Registrations	Nuclear Spent Fuel	588	855	431	0796	1538
Licenses, Fees or Registrations	Radon Licensing	588	855	508	0067	1494
Licenses, Fees or Registrations	Radiation Machine Svc. Providers	588	855	509	0067	1719
Licenses, Fees or Registrations	Radiation Mach. Inspect./Reg.	588	855	510	0067	1612
Licenses, Fees or Registrations	Radiation Image/Therapeutic Op.	588	855	511	0067	1613
Licenses, Fees or Registrations	Radiation Machine Inspection	588	855	512	0067	1055
Licenses, Fees or Registrations	Radiation Technology Accred.	588	855	513	0067	1056
Licenses, Fees or Registrations	Radiation Producing Machines	588	855	514	0067	1057
Licenses, Fees or Registrations	Radioactive Material License	588	855	515	0067	1058
Licenses, Fees or Registrations	Recovery & Remediation Fees	588	855	519	0067	1454
Licenses, Fees or Registrations	Radon Detection Fees	588	855	524	0001	1062
Licenses, Fees or Registrations	Water Permits	588	855	730	0067	1096
Miscellaneous	Miscellaneous	588	861	000	0001	1121
Miscellaneous	Miscellaneous	588	861	000	0710	1121
Licenses, Fees or Registrations	Miscellaneous	588	861	000	0796	1121
Other States	Other States Relief	588	867	015	0491	2352
Other States	Other States Relief	588	867	015	0667	2352
Private Organizations or Individuals	Private Organiza or Indiv	588	870	000	0001	1200
Private Organizations or Individuals	Private Organiza or Indiv	588	870	000	0067	1200
Private Organizations or Individuals	Private Organiza or Indiv	588	870	000	0173	1200
Private Organizations or Individuals	Private Organiza or Indiv	588	870	000	0667	1200
Private Organizations or Individuals	Private Organiza or Indiv	588	870	000	0796	1200
Private Organizations or Individuals	Private Organiza or Indiv	588	870	000	0882	1200

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Private Organizations or Individuals	BSF Railways Derailment	588	870	165	0491	2525
Private Organizations or Individuals	BSF Railways Derailment	588	870	165	0667	2525
Private Organizations or Individuals	BSF Railways Derailment	588	870	165	0710	2525
Private Organizations or Individuals	BSF Railways Derailment	588	870	165	0942	2525
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	588	877	000	0001	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	588	877	000	0067	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	588	877	000	0491	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	588	877	000	0497	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	588	877	000	0942	1228
Repay State/Final Audits & Reports	Repay State/Final Audits & Reports	588	879	000	0001	1240
Repayment to State Pursuant to Law	Repayment Pursuant to Law	588	880	000	0971	1243
Repayment to State Pursuant to Law	Grantee Interest Income	588	880	065	0491	1247
Repayment to State Pursuant to Law	Returned Petty Cash Fund	588	880	600	0796	1270
Reimbursements	Reimbursements of Prior Costs	588	890	000	0497	1524
Reimbursements	Reimbursements of Prior Costs	588	890	000	0667	1524
Reimbursements	Reimbursements of Prior Costs	588	890	000	0710	1524
Reimbursements	U.S. NRC Agreement Reimb.	588	890	030	0067	2004
Reimbursements	Katrina - EMAC	588	890	035	0001	2066
State Employees Retirement System	State Employees Retirement Sys.	589	000			
Off-Set Claims	Child Support	589	419	015	0479	1682
Contributions by Employees	Contributions/Current Year Service	589	812	100	0479	0573
Contributions by Employees	Current Year/Employer	589	812	150	0479	0574
Contributions by Employees	Contributions/Prior Year Service	589	812	200	0479	0576
Contributions by Employer	Contributions by Employer	589	815	000	0001	0577
Contributions by Employer	Contributions by Employer	589	815	000	0479	0577
Contributions by Employer	Contributions by Employer	589	815	000	0788	0577
Contributions from State Pension Fund	Contrib/State Pension Fd	589	818	000	0479	0580
Employees Receivable and Repayment of Refunded Contributions	Employees Receivable	589	821	000	0479	0591
Interest Paid by Members	Interest Paid by Members	589	849	000	0479	0869
Miscellaneous	Miscellaneous	589	861	000	0455	1121
Miscellaneous	Miscellaneous	589	861	000	0479	1121
Rental Income	Property	589	876	500	0479	1225
Repayment to State Pursuant to Law	Involuntary Withholding Collections	589	880	015	0479	1810
Repayment to State Pursuant to Law	Prior Fiscal Year Overpayment	589	880	110	0001	2471
Sale of Investments	Sale of Investments	589	882	000	0479	1286
Illinois Labor Relations Board	Illinois Labor Relations Board	590	000			
Licenses, Fees or Registrations	Copy Fees	590	855	100	0001	0939
Miscellaneous	Miscellaneous	590	861	000	0001	1121
State Police Merit Board	State Police Merit Board	591	000			
Licenses, Fees or Registrations	Application Fees	591	855	042	0001	0928
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	591	877	000	0001	1228
State Fire Marshal, Office of	State Fire Marshal, Office of	592	000			
Boiler Inspection Fees	Boiler Inspection Fees	592	050	000	0001	0044
Boiler Inspection Fees	Boiler Inspection Fees	592	050	000	0047	0044
Federal Government	Dept. of Homeland Security	592	831	045	0047	1971
Federal Government	Environmental Protection Agency	592	831	060	0072	0608
Federal Government	Environmental Protection Agency	592	831	060	0580	0608
Federal Government	Emergency Management Agency	592	831	068	0580	0613
Fed Monies Via Other Illinois Agency	IEMA-FEMA	592	840	588	0047	1790
Fines, Penalties or Violations	Fire Prevention Fines & Penalties	592	843	005	0047	2557
Fines, Penalties or Violations	Elevator Safety and Regulation Act	592	843	019	0047	2259

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Fines, Penalties or Violations	Underground Storage Tank	592	843	095	0072	0802
Fund Transfers	Fire Truck Revolving Loan Fund	592	846	047	0572	2508
Licenses, Fees or Registrations	Sprinkler Contractor Licenses	592	855	030	0047	1976
Licenses, Fees or Registrations	State Certification Exam	592	855	047	0047	2067
Licenses, Fees or Registrations	Pyrotechnic Distrib. & Operator License	592	855	052	0047	2079
Licenses, Fees or Registrations	Elevator Safety and Regulation Act	592	855	063	0047	2106
Licenses, Fees or Registrations	Copy Fees	592	855	100	0047	0939
Licenses, Fees or Registrations	Fire Equip Distr & Employees	592	855	237	0047	0966
Licenses, Fees or Registrations	Fuel Haulers	592	855	247	0047	0973
Licenses, Fees or Registrations	Subpoena Fees	592	855	587	0072	1079
Licenses, Fees or Registrations	Underground Storage Tank	592	855	713	0047	1090
Licenses, Fees or Registrations	Underground Storage Tank	592	855	713	0072	1090
Other Illinois State Agencies	Other IL State Agencies	592	864	000	0047	1127
Private Organizations or Individuals	JFSIP Training Contributions	592	870	195	0047	2561
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	592	877	000	0047	1228
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	592	877	000	0072	1228
Repayment to State Pursuant to Law	Missing & Exploited Children	592	880	300	0047	1251
Repayment to State Pursuant to Law	Returned Petty Cash Fund	592	880	600	0047	1270
Reimbursements	Other Reimbursements	592	890	050	0510	2103
Reimbursements	Arson Offense Reimbursement	592	890	080	0047	2432
State Teachers Retirement System	State Teachers Retirement Sys.	593	000			
Group Insurance Premium	Ins Prem-Teacher Direct Pay	593	233	400	0203	0122
Group Insurance Premium	Ins Premium-Retired Teachers	593	233	500	0203	0123
Reimbursement from Third Party Payee	Reimbursement/Third Party	593	522	000	0203	0454
Federal Government	Medicare Part D	593	831	031	0203	2104
Fund Transfers	General Revenue Fund	593	846	001	0203	0827
Fund Transfers	Pension Contribution Fund	593	846	472	0473	1828
Fund Transfers	Pension Contrib. Fund-PA 93-665	593	846	585	0789	1893
Repayment to State Pursuant to Law	Returned Petty Cash Fund	593	880	600	0473	1270
Sale of Investments	Sale of Investments	593	882	000	0473	1286
Board of Higher Education	Board of Higher Education	601	000			
Patient Payments	Tinley Park MH/DD Center	601	440	014	0736	0359
Program Income	Grantee Interest Income	601	472	150	0736	0398
Federal Government	Education, Department of	601	831	058	0736	0607
Federal Government	Education, Department of	601	831	058	0983	0607
Fed Monies via Other Illinois Agency	Via Other Illinois State Agency	601	840	000	0736	0702
Fed Monies via Other Illinois Agency	SBE Fed Dept of Education-ILDS	601	840	008	0736	2544
Fed Monies via Other Illinois Agency	SBE Fed Dept of Education-Common Core	601	840	019	0736	2474
Fed Monies via Other Illinois Agency	SBE Fed Dept of Education	601	840	561	0736	0728
Licenses, Fees or Registrations	Degree Granting Fees-Institutions	601	855	083	0660	2196
Licenses, Fees or Registrations	Operating Authority Fees	601	855	084	0082	2197
Licenses, Fees or Registrations	Operating Authority Fees	601	855	084	0661	2197
Licenses, Fees or Registrations	Application & Renewal Fees	601	855	148	0751	2363
Miscellaneous	Miscellaneous	601	861	000	0001	1121
Other Illinois State Agencies	ISBE-Common Core State Standards	601	864	020	0736	2373
Other Illinois State Agencies	Dept of Commerce & Economic Opportunity	601	864	420	0736	1150
Other Illinois State Agencies	Capital Development Board	601	864	511	0736	2016
Other Illinois State Agencies	Illinois State Board of Education	601	864	586	0736	1172
Other Illinois State Agencies	Community College Board	601	864	684	0736	1642
Other Illinois State Agencies	Illinois Public Universities/Public Agenda	601	864	690	0736	2133
Other Illinois State Agencies	Illinois Student Assistance Commission	601	864	691	0736	2134
Other States	Florida Department of Education	601	867	020	0736	2440
Private Organizations or Individuals	Chief State School Officer	601	870	020	0736	1687
Private Organizations or Individuals	Not-For-Profit Entities/Public Agenda	601	870	130	0736	2131
Private Organizations or Individuals	For-Profit Institutions/Public Agenda	601	870	135	0736	2132
Private Organizations or Individuals	Not-For-Profit/CCA	601	870	145	0736	2482
Private Organizations or Individuals	Not-For-Profit/Joyce Foundation	601	870	160	0736	2524

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Private Organizations or Individuals	Not-For-Profit/MHEC	601	870	170	0736	2531
Private Organizations or Individuals	Not-For-Profit/CAEL	601	870	175	0736	2541
Private Organizations or Individuals	Not-For-Profit/College Board	601	870	185	0736	2555
Private Organizations or Individuals	Not-For-Profit/USAF Funds	601	870	190	0736	2559
Private Organizations or Individuals	Not-For-Profit/INCCRRA	601	870	200	0736	2566
Private Organizations or Individuals	Private Org or Indiv/CHEA	601	870	205	0736	2586
Private Organizations or Individuals	Private Org or Indiv/RTI	601	870	215	0736	2589
Private Organizations or Individuals	Private Org or Indiv/IERC	601	870	220	0736	2593
Private Organizations or Individuals	Private Org or Indiv/SHEEO	601	870	225	0736	2607
Private Organizations or Individuals	Private Org or Indiv/Synergy Ent	601	870	230	0736	2608
Repayment to State Pursuant to Law	Grantee Interest Income	601	880	065	0983	1247
Repayment to State Pursuant to Law	DFI Awards	601	880	080	0001	2033
Southern Illinois University	Southern Illinois University	664	000			
Miscellaneous	Miscellaneous	664	861	000	0001	1121
Illinois Community College Board	Illinois Community College Board	684	000			
Contributions to State by State Officers	Contribution/State Officers Salaries	684	819	000	0001	1714
Federal Government	U.S. Dept. of Education	684	831	058	0339	0607
Federal Government	U.S. Dept. of Education	684	831	058	0692	0607
Federal Government	FEMA Agreement #878	684	831	078	0339	0621
Federal Monies Via Other State or Org.	Fed. Monies via Other State or Org.	684	837	000	0339	1381
Fed Monies Via Other Illinois Agency	Title III Soc. Sec. & Emp. Svcs.	684	840	052	0339	0706
Fed Monies Via Other Illinois Agency	SBE Fed Dept of Education	684	840	561	0339	0728
Fed Govt Indirect Cost Reimbursement	ICCB Fund	684	842	339	0001	1384
Fed Govt Indirect Cost Reimbursement	Fed Govt Indirect Cost Reimb.	684	842	000	0350	0764
Licenses, Fees or Registrations	Cook County GED	684	855	232	0161	2604
Miscellaneous	Miscellaneous	684	861	000	0001	1121
Miscellaneous	Miscellaneous	684	861	000	0339	1121
Miscellaneous	Miscellaneous	684	861	000	0350	1121
Other Illinois State Agency	CMS	684	864	416	0339	1148
Other Illinois State Agency	DCFS	684	864	418	0339	1149
Other Illinois State Agency	DCEO	684	864	420	0339	1150
Other Illinois State Agency	Corrections	684	864	426	0001	1372
Other Illinois State Agency	Corrections	684	864	426	0161	1372
Other Illinois State Agency	Corrections	684	864	426	0339	1372
Other Illinois State Agency	Human Services	684	864	444	0339	1466
Other Illinois State Agency	IL State Toll Highway Authority	684	864	455	0339	1153
Other Illinois State Agency	Public Aid	684	864	478	0339	1158
Other Illinois State Agency	IDOT	684	864	494	0339	1162
Other Illinois State Agency	State Board of Education	684	864	586	0161	1172
Other Illinois State Agency	State Board of Education	684	864	586	0339	1172
Other Illinois State Agency	Board of Higher Education	684	864	601	0339	1621
Other Illinois State Agency	University of Illinois	684	864	676	0339	1182
Other States	Other States	684	867	000	0070	1194
Other States	Other States	684	867	000	0161	1194
Private Organizations or Individuals	Private Organiza or Indiv	684	870	000	0339	1200
Reim/Jury Duties & Recoveries	Reimburse State Jury Duty & Phone	684	877	000	0001	1228
Reim/Jury Duties & Recoveries	Reimburse State Jury Duty & Phone	684	877	000	0339	1228
Reim/Jury Duties & Recoveries	Reimburse State Jury Duty & Phone	684	877	000	0692	1228
Repayment to State Pursuant to Law	Grantee Interest Income	684	880	065	0772	1247
Student Assistance Commission	Student Assistance Commission	691	000			
Loan Repayments	Principal	691	355	050	0663	0297
Local Funds	Local Funds/ISAC	691	373	000	0773	0300
Participant Prepayment	Participant Prepayment	691	435	000	0557	1482
Repurchased Student Loans	Repurchased Student Loans	691	514	000	0663	0453
Repayment of Teachers Scholarships	Repay Teachers Scholarships Grant	691	525	000	0259	1489
Repayment of Teachers Scholarships	Repay Teachers Scholarships	691	526	000	0001	0457
Repayment of Teachers Scholarships	Repay Teachers Scholarships	691	526	000	0092	0457
Repayment of Teachers Scholarships	Repay Teachers Scholarships	691	526	000	0242	0457

SOURCE	SHORT NAME	AGENCY	SOURCE	SUB-SOURCE	FUND	SAMS SOURCE
Federal Government	Education, Department of	691	831	058	0092	0607
Federal Government	Education, Department of	691	831	058	0663	0607
Federal Government	Education, Department of	691	831	058	0701	0607
Federal Government	US Department of Justice	691	831	110	0701	0629
Federal Program Income	Lending Inst Interest Income	691	841	120	0663	0759
Federal Program Income	Lending Inst Interest Income	691	841	120	0664	0759
Fines, Penalties or Violations	Late Payment Penalty	691	843	067	0557	1484
Fund Transfers	Federal Projects Fund	691	846	663	0664	1647
Fund Transfers	Student Loan Operating Fund	691	846	664	0663	1644
Licenses, Fees or Registrations	Administrative Fees	691	855	003	0557	1483
Licenses, Fees or Registrations	Default Fees	691	855	057	0663	2093
Licenses, Fees or Registrations	Loan Processing & Issuance Fee	691	855	352	0664	1632
Licenses, Fees or Registrations	Portfolio Maintenance Fees	691	855	353	0664	1633
Licenses, Fees or Registrations	Fed. Direct Consolidation Fees	691	855	354	0664	1634
Miscellaneous	Miscellaneous	691	861	000	0001	1121
Miscellaneous	Miscellaneous	691	861	000	0664	1121
Miscellaneous	Miscellaneous	691	861	000	0701	1121
Private Organizations or Individuals	Private Org./Foundations Grants	691	870	060	0677	1871
Repay State/Jury Duty & Personal Phone Calls	Repay State/Jury Duty & Recoveries	691	877	000	0664	1228
Repayment to State Pursuant to Law	Restitutions	691	880	725	0001	1283
Repayment to State Pursuant to Law	Restitutions	691	880	725	0663	1283
Repayment to State Pursuant to Law	Employee Vacation/Sick Repayment	691	880	800	0773	1577
Sale of State Assets	IDAPP Loan Sale Proceeds	691	881	200	0664	2115
Mathematics & Science Academy	Mathematics & Science Academy	692	000			
Local Funds	IMSA Foundation	692	373	010	0359	0301
Local Funds	IMSA Foundation	692	373	010	0768	0301
Fed Monies Via Other Illinois Agency	ISBE-Teacher Quality	692	840	003	0359	2392
Fed Monies Via Other Illinois Agency	ISBE-Teacher Quality	692	840	003	0768	2392
Fed Monies Via Other Illinois Agency	Commerce & Economic Opportunity	692	840	420	0359	1899
Licenses, Fees or Registrations	Outreach Programs	692	855	591	0768	1081
Local Illinois Governmental Units	Local Illinois Governmental Units	692	858	000	0359	1114
Miscellaneous	Miscellaneous	692	861	000	0768	1121
Other Illinois State Agency	Secretary of State	692	864	350	0359	1144
Other Illinois State Agency	Commerce & Economic Opportunity	692	864	420	0359	1150
Other Illinois State Agency	State Board of Education	692	864	586	0359	1172
Other Illinois State Agency	Board of Higher Education	692	864	601	0359	1621
Private Organizations or Individuals	Private Organizations or Individuals	692	870	000	0359	1200
Private Organizations or Individuals	Private Organizations or Individuals	692	870	000	0768	1200
Private Organizations or Individuals	Third Party Liability	692	870	080	0007	1205
Private Organizations or Individuals	NCSSMST	692	870	300	0359	1581
Student Fees	Student Fees	692	885	000	0768	1288
Subscription or Publication Sales	Workshop Materials	692	888	010	0359	1872
Subscription or Publication Sales	Workshop Materials	692	888	010	0768	1872
State Universities Retirement System	State Universities Retirement Sys.	693	000			
Group Insurance Premium	SURS Member Payment	693	233	600	0577	1550
Group Insurance Premium	SURS Retired Members	693	233	700	0577	1551
State Universities Civil Service System	State Universities Civil Service System	695	000			
Licenses, Fees or Registrations	Copy Fees	695	855	100	0001	0939
Restitution	Restitution	695	893	000	0001	2075



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Involuntary Withholding Request

Collections Unit
325 West Adams
Springfield Illinois 62704

(1) Department of XXXXXXXXXXXX
Requesting Agency
(2) XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

COMPTROLLER USE ONLY

RE: (3) Vendor Auto Parts
Debtor Name (Last Name First) / Business Name

To Office of the Comptroller, Collections Unit:

In accordance with the requirements of State or Federal law, please withhold payment from the subject debtor.
Details of this claim are as follows:

(4) 37-1786421
Debtor Social Security Number/FEIN Number

CLASS

(5) 1. Individual
2. Business

Time Period During Which Debt Was Incurred

(6) 10 / 01 / 09 (7) 8 / 12 / 10
MONTH / DAY / YEAR MONTH / DAY / YEAR
Date From Date To

DEDUCTION TYPE - STATUTORY REFERENCE

(8) 1. Tax Levy
Chapter 64, Internal Revenue Code
2. Administrative Offset
15 ILCS 405/10.05
6. Local Debt Recovery Program
15 ILCS 405/10.05 (d)

(9)
Debt Code

(11)
Agency Number

(10) 450.00
Original Claim Amount

(12) 1
Deduction Order Number (For Agency Use Only)

(13)
Payment Fund Number

PROCEDURAL REQUIREMENTS

Notification Type (14)

Statement of Outcome (16)

Type of Hearing Offered (15)

Date of Final Determination of Debt (17) 10 / 20 / 10
MONTH / DAY / YEAR

(If I am submitting a facsimile or email signature, I hereby certify by so filing that the original signed document exists in my possession.)

(18) _____
AUTHORIZED SIGNATURE

(19) Director _____
TITLE

(20) 10/20/10 _____
DATE

(21) 782-XXXX _____
TELEPHONE NUMBER



Involuntary Withholding Request

Collections Unit
325 West Adams
Springfield Illinois 62704

Requesting Agency

Address

COMPTROLLER USE ONLY

RE: _____
Debtor Name (Last Name First) / Business Name

To Office of the Comptroller, Collections Unit:

In accordance with the requirements of State or Federal law, please withhold payment from the subject debtor.
Details of this claim are as follows:

Debtor Social Security Number/FEIN Number

CLASS

1. Individual
 2. Business

Time Period During Which Debt Was Incurred

_____/_____/_____
MONTH / DAY / YEAR Date From
_____/_____/_____
MONTH / DAY / YEAR Date To

DEDUCTION TYPE - STATUTORY REFERENCE

1. Tax Levy
Chapter 64, Internal Revenue Code
2. Administrative Offset
15 ILCS 405/10.05
6. Local Debt Recovery Program
15 ILCS 405/10.05 (d)

Debt Code

Original Claim Amount

Agency Number

Deduction Order Number (For Agency Use Only)

Payment Fund Number

PROCEDURAL REQUIREMENTS

Notification Type

Statement of Outcome

Type of Hearing Offered

Date of Final Determination of Debt _____
MONTH / DAY / YEAR

(If I am submitting a facsimile or email signature, I hereby certify by so filing that the original signed document exists in my possession.)

AUTHORIZED SIGNATURE

TITLE

DATE

TELEPHONE NUMBER

DEBT CODE REASON

(18-001)

AGENCY	AGENCY #	CODE NUMBER & DESCRIPTION
Healthcare & Family Services	47855	1--Delinquent child support
Secretary of State	35020	2--Reimburse license plate fees
Secretary of State	35020	3--Reimburse driver's license fee
Healthcare & Family Services	47810	4--Desk audit
Healthcare & Family Services	47810	5--Field audit
Children & Family Services	41817	6--Overpay child care
Any Agency		7--Salary overpayment
Transportation	49423	8--Damage to property
Labor	452	9--Overpayment of unemployment benefits
Student Assistance Commission	69140	10--Default on student loan
Healthcare & Family Services	47801	11--Overpayment of donated funds
Any Agency		12--Unauthorized telephone calls
Healthcare & Family Services	47801	13--Contract overpayment
Healthcare & Family Services	47850	14--Disability overpayment
Revenue (Lottery)	49245	15--Nonpayment for lottery debt
Revenue	49210	16--Delinquent State Tax
Healthcare & Family Services	47813	17--Excess assistance
Healthcare & Family Services	47813	18--Administrative Support Order
Any Agency		20--Audit finding
Any Agency		21--Misdirection of funds
Any Agency		22--Falsified attendance records
Any Agency		23--Retirement overpayment
Any Agency		24--Stolen property
Any Agency		25--Misuse of State funds
Any Agency		26--Overpayment of State funds
Any Agency		27--Excess Food Stamps
Any Agency		28--Insufficient funds check
Any Agency		29--Unpaid Social Security
Internal Revenue Service	36001	30--Federal Tax Levies
Any Agency		31--Warrant issued in error
Children & Family Services	41817	32--Child care and maintenance
Employment Security	42705	33--Unpaid unemployment tax
Any Agency		34--Improper payment of funds
Human Services	444	35--Overpayment circuit breaker
Human Services	444	36--Overpayment for housekeeping
Any Agency		37--Reimbursement to the State
Any Agency		38--Reimbursement - State property
Employment Security	42705	39--Late employers contribution
Healthcare & Family Services	47815	40--Grand/food stamp overpayment
Any University		41--Reimbursement to university
Student Assistance Commission	69160	42--Delinquent student loan
Secretary of State	35010	43--Shortage on license plate fees
Healthcare & Family Services	47815	44--Ineligible earnfare advances
Healthcare & Family Services	47815	45--Ineligible child care payments
Transportation	49499	46--Hazardous Material violation
Any Agency		47--Delinquent Rent
Human Services	444	48--Family Case Management
Healthcare & Family Services	478	49--Kidcare delinquent premiums
Healthcare & Family Services	478	50--Kidcare rebate overpayments
Public Health	482	51--Fed. Civil Monetary Penalties
Central Management Services	41615	52--Delinquent Group Ins. premium
Illinois Toll Highway	557	53--Illinois Tollway violation
Any Agency		54--Fines and Penalties
Any Agency		55--Delinquent Retirement Contribution
Any Agency		56--Red Light Ticket Violations
Any Agency		57--Unreturned Badge/Uniform/Equipment
Any Agency		58--State Court Civil Penalty



State of Illinois

SMITH JOHN

APRIL 15, 2014

325 WEST ADAMS
SPRINGFIELD, IL 62704

The State of Illinois has been advised that you owe money to the state agency(ies) listed below. Pursuant to Illinois law (15 ILCS 405/10.05-10.05A) the State of Illinois is required to withhold all eligible payments until the claim(s) have been satisfied. If there is an amount remaining, a payment will be issued within 10 days from the date of this notice. Furthermore, a processing fee may be charged per payment transaction. The following amounts have been withheld:

Debtor Name ID Number	Claiming Agency Contact Address Phone Number Debt Type	Intercepted Payment Voucher # AND/OR Warrant # Offset Total Warrant Amount	Amounts Withheld from Payment
SMITH JOHN 492 00006234075	DEPT OF REVENUE COMPTROLLER OFFSET UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035 217/785-3731 DELINQUENT STATE TAX	AGING 402 40068705450 \$6,000.00	DEBT- \$5,985.00 FEE- \$15.00
SMITH JOHN 492 00006234075	DEPT OF REVENUE COMPTROLLER OFFSET UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035 217/785-3731 DELINQUENT STATE TAX	EMPLOYMENT SECURITY 427 40068705449 \$2,500.00	DEBT- \$2,485.00 FEE- \$15.00
SMITH JOHN 492 00006234075	DEPT OF REVENUE COMPTROLLER OFFSET UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035 217/785-3731 DELINQUENT STATE TAX	TRANSPORTATION 494 40068705448 \$2,000.00	DEBT- \$1,530.00 FEE- \$15.00
DEBT REDUCTION TOTAL:			\$10,000.00
TOTAL FEE WITHHELD:			\$45.00

To request detailed information regarding this claim, please contact the claiming agency using the contact information listed above. If you have already contacted the claiming agency and still do not agree with the claim, you may file a protest by writing the State of Illinois; Attn: Collections Unit; 325 West Adams St; Springfield, IL 62704-1858. The protest should be in the form of a letter and should describe the reasons for protest. The letter should be accompanied by any documents that support your assertions. The letter must bear the original signature of the debtor or authorized agent. Please include the ID number(s) on all correspondence. **If you do not file a written protest within 60 days from the date of this notice, the withheld amount will be sent to the claiming agency(ies).**

COLLECTIONS UNIT

PLEASE RETAIN THIS LETTER FOR YOUR RECORDS

REPORT ID : IWTR
DATE RUN : 11-19-96
TIME RUN : 12:50

STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER

SINGLE PAYMENT WARRANT LIST

AGENCY/ORGANIZATION: 000/0000

BATCH ID: 360 123456

SSN/FEIN	DEBTOR NAME	VOUCHER NO	IW-NUMBER	ORDER NO	AMOUNT
00-0000000	MIDWEST TYPING TEMPS	000 00000000212	000 00000000111	000211018415632	200.00
000-00-0000	SMITH SUSAN J	000 00000000212	000 00000000222	000000001259874	20.00
	TOTAL # OF CLAIMS	2		AMOUNT OF WARRANT	220.00



Involuntary Withholding Tape/File Certification Form

Tape #/File Type: _____

Record Count: _____

Dollar Amount: _____

Please mark the appropriate box:

Add Tape/File:

- The debtor has been sent a notice that a claim has been established against said person thus giving the debtor the opportunity to appeal the determination that a claim exists and the amount of the claim.
- No hearing was requested or a hearing was held and the result was that the claim was found to be valid in the amount referenced in the attached record.
- The date of the final determination of the debt for each claim was prior to the date of submittal of the claim to the Comptroller for Offset purposes.

Change Tape/File:

- All change transactions contained on the enclosed tape/file meet the criteria for inclusion in the Comptroller Offset Program.

Delete Tape/File:

- All claims contained on the enclosed tape/file no longer meet the criteria for inclusion in the Comptroller Offset Program, and should be removed from the Program.

I certify that all the transactions included on the tape/file are in compliance with the provisions of the Illinois State Collections Act of 1986 [30 ILCS 210/5]. (If I am submitting a facsimile or email signature, I hereby certify by so filing that the original signed document exists in my possession.)

Authorized Signature: _____

Date: _____

Agency Contact Person: _____

Agency Contact Phone #: _____



ILLINOIS DEBT RECOVERY OFFSET PORTAL

User Authorization

INSTRUCTIONS

For submitting claims for offset to the Illinois Office of the Comptroller (IOC), Claiming Entities (CEs) must complete this User Authorization form and return to IOC.

Field	Local Debt Recovery Program	State Agency
Entity Name	Local Claiming Entity name	Agency name
Department	Department name	Division name
Entity ID	Blank. To be assigned by IOC	5-digit agency code
Chief Officer	Chief Officer named on IGA	Agency head
User Coordinator	This user is given administrative privileges to manage users of the IDROP system on the claiming entity's behalf, excluding the ability to assign file submission authority which can only be assigned by the Chief Officer.	

CLAIMING ENTITY

ENTITY NAME:
(30 characters maximum)

DEPARTMENT:
(30 characters maximum)

ENTITY ID:
(If Known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

CHIEF OFFICER NAME:

CHIEF OFFICER EMAIL:

USER COORDINATOR NAME:

USER COORDINATOR EMAIL:

AUTHORIZING SIGNATURE

The Authorized Signature of the Chief Officer below will be kept on file for use as a certifying signature for each file transmitted to the Illinois Office of the Comptroller. Only employees of the entity who are granted the appropriate security privileges by the Chief Officer will have authority to generate and submit these files on the Chief Officer's behalf. This authority **cannot** be granted to third parties. In addition, by signing below, the Chief Officer promises to treat their login information as confidential and will not provide that information to employees, agents or any other third parties for the purpose of accessing the IDROP system. Any violation of these terms and conditions may result in dismissal from the program.

Date ____ / ____ / ____

System Administration Use Only:

Debt Codes:	Select...	Select...	Select...
	Select...	Select...	Select...



ILLINOIS DEBT RECOVERY OFFSET PORTAL
Guide to the IDROP User Authorization

The IDROP User Authorization form is used to identify the primary administrative users of the Illinois Debt Recovery Offset Portal (IDROP) which is the web-based application used by claiming entities to manage debt claims filed with the Illinois Office of the Comptroller (IOC). The chief officer will initially be the **only** user with the authority to submit debts to IOC. However, this submission authority can be delegated in the system to other users by the chief officer. The user coordinator creates and manages user access to IDROP for the entity; however, the user coordinator cannot grant submission authority. Once this information is provided to IOC, user accounts are established for the users named on the form. IDROP notifies the user of their logon credentials and provides instructions on accessing IDROP.

Filing Instructions: Original signed and completed authorization forms must be sent to the IOC, Attn: Collections, 325 West Adams, Springfield, IL 62704. An authorization form must be filed for each department filing debts with the IOC.

Completing the Form:

Claiming Entity Name: Enter the name of your state agency or university.

Claiming Entity Department Name: Not required for state agencies or universities.

Entity ID: Enter your three digit agency number followed by your two digit organization number.

Chief Officer Name: Provide the name of the individual who will act as chief officer. This individual is the agency director or university president or secretary.

Chief Officer Email: Provide the email address for the chief officer. This will be used as the user name in IDROP.

User Coordinator Name: Provide the name of the individual who will act as the manager of users in IDROP. This individual will have the administrative privileges necessary to create and remove user access to IDROP for the entity.

User Coordinator Email: Provide the email address for the user coordinator. This will be used as the user name in IDROP.

Authorizing Signature: An original signature of the chief officer named above.

Date: Date on which the form was signed by the chief officer.

ILLINOIS DEBT RECOVERY OFFSET PORTAL
User Authorization

INSTRUCTIONS

For submitting claims for offset to the Illinois Office of the Comptroller (IOC), Claiming Entities (CEs) must complete this User Authorization form and return to IOC.

Field	Local Debt Recovery Program	State Agency
Entity Name	Local Claiming Entity name	Agency name
Department	Department name	Division name
Entity ID	Blank. To be assigned by IOC	5-digit agency code
Chief Officer	Chief Officer named on IGA	Agency head
User Coordinator	This user is given administrative privileges to manage users of the IDROP system on the claiming entity's behalf, including the ability to assign file submission authority which can only be assigned by the Chief Officer.	

CLAIMING ENTITY

ENTITY NAME: _____
(000-9999999999999999)

DEPARTMENT: _____
(000-9999999999999999)

ENTITY ID:
(000000)

CHIEF OFFICER NAME: _____

CHIEF OFFICER EMAIL: _____

USER COORDINATOR NAME: _____

USER COORDINATOR EMAIL: _____

AUTHORIZING SIGNATURE

The Authorized Signature of the Chief Officer below will be kept on file for use as a certifying signature for each file transmitted to the Illinois Office of the Comptroller. Only employees of the entity who are granted the appropriate security privileges by the Chief Officer will have authority to generate and submit these files on the Chief Officer's behalf. This authority cannot be granted to third parties. In addition, by signing below, the Chief Officer promises to treat their login information as confidential and will not provide that information to employees, agents or any other third parties for the purpose of accessing the IDROP system. Any violation of these terms and conditions may result in dismissal from the program.

Date: ___/___/___

System Administration Use Only:

08/20/2013



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA
 Collections Unit
 325 West Adams
 Springfield, IL 62704

Delete, Refund, and/or Change on the Comptroller's Offset System

Claim Account Information:

Name _____
 SSN _____
 FEIN _____
 Class Individual _____ Business _____
 5-Digit Claiming Agency Code _____
 Order Number _____
 IW (ID) Number _____

A. Delete the claim from the Offset System for the following reason:

- The claim has been satisfied.
- The claim has been inactive for more than one year.
- The agency has agreed to enter into a deferred payment plan with the debtor.
- The claim has been determined to be invalid.
- Bankruptcy
- Other - please explain _____

B. Refund to the debtor:

- Refund amount \$ _____
- Refund all monies in Offset Fund to debtor.

C. Change the information on the claim:

Name _____
 Order Number _____
 Amount Increase by _____ Decrease by _____
 New Amount _____

Authorized by _____ Phone No. _____
 Agency Name _____ Date _____



Collections Unit
 325 West Adams
 Springfield, IL 62704

Delete, Refund, and/or Change On The Comptroller's Offset System

Claim Account Information:

(1) Name Vendor Auto Parts
 SSN _____

(2) FEIN 123456789

(3) Class Individual _____ Business X

(4) 5 Digit Claiming Agency Code XXX01

(5) Order Number 15

(6) IW (ID) Number 11

A. Delete the claim from the Offset System for the following reason:

(7) The claim has been satisfied.
 The claim has been inactive for more than one year.
 The agency has agreed to enter into a deferred payment plan with the debtor.
 The claim has been determined to be invalid.
 Bankruptcy
 Other - please explain _____

B. Refund to the debtor:

(8) Refund amount \$ 50.70
 Refund all monies in Offset Fund to debtor.

C. Change the information on the claim:

(9) Name _____
 Order Number _____
 Amount Increase by _____ Decrease by _____
 New Amount _____

Authorized by (10) Authorized Signature Phone No. (XXX)XXX-XXXX (12)

Agency Name (11) Dept. of XXX Date 10-30-10 (13)



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

Signature Authorization

(SAMS PROCEDURE 26.40.25)

1. Name of Person Authorized to Sign or Affix Agency Head Signature (Typed)	2. Agency Name (Typed)
3. Specimen Signature By: _____	4. Agency/Org Code _____ 5. Transactions Authorized To Sign ___ IW Add Request ___ IW Delete, Refund and/or Change
I certify that I am the head of the agency named above and hereby approve the signature delegation. _____	
6. Signature of Agency Head	Effective Date of Authorization
7. Please send any correspondence to: Name: _____ Phone: _____ Address: _____ _____	





STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Signature Authorization

(SAMS PROCEDURE 26.40.25)

1. Name of Person Authorized to Sign or Affix Agency Head Signature (Typed) Jane Agency Head	2. Agency Name (Typed) Department XYZ
3. Specimen Signature By: <u><i>Jane Agency Head</i></u>	4. Agency/Org Code <u>1 2 3 4 5</u> 5. Transactions Authorized To Sign <input checked="" type="checkbox"/> IW Add Request <input checked="" type="checkbox"/> IW Delete, Refund and/or Change
I certify that I am the head of the agency named above and hereby approve the signature delegation.	
6. Signature of Agency Head <u><i>Jane Agency Head</i></u>	Effective Date of Authorization <u><i>July 1, 2005</i></u>
7. Please send any correspondence to: Name: <u>John Doe</u> Phone: <u>XXX/XXX-XXXX</u> Address: <u>Dept. XYZ</u> <u>325 West Adams</u> <u>Springfield, IL 62704</u>	





STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Signature Authorization

(SAMS PROCEDURE 26.40.25)

1. Name of Person Authorized to Sign or Affix Agency Head Signature (Typed) Karen Authorized Person	2. Agency Name (Typed) Department XYZ
3. Specimen Signature <i>Jane Agency Head</i> by By: <u><i>Karen Authorized Person</i></u>	4. Agency/Org Code <u>1 2 3 4 5</u> 5. Transactions Authorized To Sign <input checked="" type="checkbox"/> IW Add Request <input checked="" type="checkbox"/> IW Delete, Refund and/or Change
I certify that I am the head of the agency named above and hereby approve the signature delegation.	
6. Signature of Agency Head <u><i>Jane Agency Head</i></u>	Effective Date of Authorization <u><i>July 1, 2005</i></u>
7. Please send any correspondence to: Name: <u>John Doe</u> Phone: <u>XXX/XXX-XXXX</u> Address: <u>Dept. XYZ</u> <u>325 West Adams</u> <u>Springfield, IL 62704</u>	



**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	AGENCY REPORTING	PROCEDURE - PAGE NO. 27.10.10 1 of 2
SUB-SECTION	OVERVIEW	EFFECTIVE DATE July 1, 2017
PROCEDURE	INTRODUCTION	REVISION NUMBER 18-001

INTRODUCTION

Year-end financial reporting in accordance with generally accepted accounting principles (GAAP) has been commonplace in the private sector for many years. However, until the issuance of the National Council on Governmental Accounting (NCGA) Statement 1, there was some uncertainty as to what constituted GAAP basis financial reporting for State government. Since NCGA Statement 1, there has been an increased awareness of the need for better financial information in the public sector which is a direct result of the financial crisis of many large cities.

This section outlines the general procedures for 1) year-end GAAP reporting to the State Comptroller's Office and 2) preparation of GAAP basis financial statements by those State agencies, authorities, boards and commissions considered part of the State's reporting entity.

Year-end GAAP Reporting to the State Comptroller's Office

All State agencies (excluding those agencies whose GAAP reporting packages are completed by the Comptroller's staff in consultation with agency personnel - referred to as "in-house") are required to submit annual GAAP reporting packages for any fund or funds in which they expend from and/or deposit receipts. Generally, GAAP reporting packages are due between August 10 and August 31 except for university, component unit and pension packages, which are due between September 1 and September 30. Those agencies whose reporting packages are completed "in-house" are indicated by footnote in Procedure 27.50.10. Year-end GAAP reporting to the Comptroller including reporting forms and instructions is presented in the following SAMS Manual Chapter 27 procedures (excluding Procedure 27.50.60, which is discussed next).

Financial Reporting Representations by Agency Management

As part of the agency reporting process, the agency director, or equivalent, will be required to submit a letter representing that, to the best of their knowledge and belief, the GAAP financial reporting information is complete and accurate. Universities should obtain signature of an individual with, at a minimum, the overall responsibility for accounting and financial reporting. The required form and content of the representation letter is included in Exhibit 27.10.10-A.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	AGENCY REPORTING	PROCEDURE - PAGE NO. 27.10.10 2 of 2
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PROCEDURE	INTRODUCTION	REVISION NUMBER 12-001

GAAP Basis Financial Statements

In addition to the above requirement, in certain instances (explained below), State agencies are also required to submit a complete set of GAAP basis financial statements (including footnote disclosures) to the Comptroller's Office by October 15th. Preparation of financial statements in accordance with GAAP is addressed in SAMS Manual Procedure 27.50.60.

Agencies which are required to prepare and submit GAAP basis financial statements to the Comptroller's office are indicated in Exhibit 27.10.10-B. GAAP basis financial statements for these agencies are necessary to obtain adequate audit coverage for the statewide general purpose financial statements.

Procedure 27.50.60 applies only to those agencies listed in Exhibit 27.10.10-B and who are undergoing current audits by the Auditor General (or his special assistant auditors) and required to prepare GAAP basis financial statements. Agencies which are not currently undergoing an audit are not subject to Procedure 27.50.60.

General

Preparation of GAAP reporting packages and resultant GAAP basis financial statements requires careful examination of both financial and non-financial data. Financial data refers to those items that are products of the accounting system. Examples of financial data used in the GAAP compilation process include agency expenditure records and SAMS financial reports. Non-financial data refers to information that does not flow through the accounting system. Examples of non-financial data used in the GAAP reporting process include such items as personnel records for documenting compensated absences (form SCO-580), and records of pending litigation for contingent liabilities (form SCO-599). Another example is when agencies receive goods and services as payment in lieu of cash (i.e., "in-kind" payments). The fair market value of such goods and services must be recorded as revenue and expenditures/expenses in the appropriate GAAP reporting fund package. Any questions concerning the GAAP reporting implications of these non-financial transactions should be directed to the Comptroller's GAAP reporting staff.

(AGENCY LETTERHEAD)

(DATE)

(the date of submission of the last reporting package)

The Honorable _____
Comptroller
201 State House
Springfield, Illinois 62706-0001

Dear Comptroller:

In connection with your preparation of the financial statements of the various funds and account groups of the State of Illinois at June 30, 20XX, and for the year then ended, I recognize that obtaining representations from me concerning the information contained in this letter is a significant procedure in enabling you to prepare the financial statements, and accordingly, I make the following representations which are true to the best of my knowledge and belief.

I recognize, as a member of management of the State, that management is responsible for the fair presentation of the financial statements. I believe the (Agency) trial balances are fairly presented in conformity with generally accepted accounting principles.

There are no agency material transactions that have not been properly recorded in the accounting records underlying the (Agency) trial balances including those receivables required to be reported within the requirements of the Illinois State Collection Act of 1986 (30 ILCS 210/1). All information necessary for accurate and fair preparation of the Schedule of Federal Financial Assistance has been included on Form SCO-563. Transactions with related parties, as defined in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 850, and related amounts receivable or payable, including sales, purchases, loans, transfers, leasing arrangements, and guarantees have been properly recorded or disclosed in the financial statements, We are responsible for identifying all laws, rules and regulations that govern the operations of the (Name of Agency); and we are responsible for ensuring compliance with laws, rules, and regulations that have a direct and material effect on the determination of financial statement amounts. We have complied with all aspects of laws, regulations, and contractual agreements that would have a material effect on the financial statements in the event of noncompliance except for those specifically noted in writing to your office.

No (Agency) event or transaction has occurred since June 30, 20XX, pending or in prospect, which would materially affect the (Agency) trial balance at that date or which is of such significance in relation to the State's financial or operational affairs as to require mention in the notes in the State's financial statements in order to make them not misleading as to the financial position, results of operations or changes in fund balances.

Very truly yours,

(Signature)
(Title)

Agencies Required to Prepare and Submit GAAP Basis Financial Statements

Agencies

Capital Development Board
 Central Management Services
 Local Government Health Insurance Reserve Fund
 Teacher Health Insurance Security Fund
 Community College Health Insurance Security Fund
 Children and Family Services
 Corrections
 Corrections - Working Capital Revolving Fund
 Employment Security - individual proprietary funds/individual non-shared governmental funds
 Environmental Protection Agency - Water Revolving Fund
 Gaming Board - State Gaming Fund
 Healthcare and Family Services
 Human Services
 Lottery
 Natural Resources - Capital Asset Account
 Power Agency
 Revenue
 Secretary of State
 State Board of Education
 Student Assistance Commission -
 Prepaid Tuition Fund
 Transportation
 Treasurer -
 College Savings Plan
 Fiscal Officer Responsibilities (Non-GAAP)
 Illinois Funds
 Workers' Compensation Commission - Self-Insurers' Security Fund

Pension Trusts

General Assembly Retirement System
 Judges Retirement System
 State Board of Investments
 State Employees' Retirement System
 State Universities Retirement System
 Teachers' Retirement System

Component Units

Comprehensive Health Insurance Board
 Illinois Finance Authority
 Illinois Housing Development Authority
 Illinois Medical District Commission
 Railsplitter Tobacco Settlement Authority
 Southwestern Illinois Development Authority
 Toll Highway Authority
 Upper Illinois River Valley Development Authority

Universities

Chicago State University
 Eastern Illinois University
 Governors State University
 Illinois State University
 Northeastern Illinois University
 Northern Illinois University
 Southern Illinois University
 University of Illinois
 Western Illinois University

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

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		27.20.80	1 of 7
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE	
		July 1, 2017	
PROCEDURE	COMPENSATED ABSENCES (SCO-580)	REVISION NUMBER	
		18-001	

COMPENSATED ABSENCES (SCO-580)

PURPOSE

The purpose of the Compensated Absences Form (Exhibits 27.20.80-A-B) is to gather information regarding compensated absences of governmental fund types in order to provide the appropriate disclosure in the statewide financial statements.

When applicable, this form must be prepared annually and sent to the Comptroller's Office as part of the year-end reporting package. Two copies should be retained by the agency: one to provide an internal record and one for the Auditor General or his representative.

GENERAL

The Compensated Absences Form should be completed for an agency's liability for its governmental funds related to employee services previously rendered where payments for such services is not dependent on a particular event (e.g., illness) that is outside the control of the State and the employee. Generally, the State of Illinois' liability for compensated absences will consist of vacation and other leave and sick leave earned by employees, but not taken. The accrual of this liability is subject to certain conditions. Since the conditions for vacations and other compensated absences are different from the conditions applying to sick leave, these two types of compensated absences are discussed separately below.

Vacation leave and other compensated leave, except sick leave, should be recorded as a liability when benefits are earned by the employee provided: (1) the right to receive the compensation is related to services already rendered **and** (2) the state will compensate employees for the benefit through paid time off or cash payments at separation or retirement. If the agency's policy is to pay employees for unused holiday and/or compensatory time at separation or retirement, this must be included as part of the vacation and other leave amount.

Sick leave should be recorded as a compensated absence when the benefit is earned, provided it is probable the employee will be compensated for the benefit through cash payments at separation or retirement. Pursuant to 30 ILCS 105/14a, only sick leave accumulated from January 1, 1984 through December 31, 1997 is eligible for compensation at 50%, through cash payments at separation or retirement. This calculation will be based upon the sick leave accumulated at the balance sheet date.

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Another component of the liability for compensated absences for vacation and other leave and sick leave is an amount for salary related payments directly and incrementally associated with the payment of compensated absences. Salary related payments include the employer's share of social security taxes, medicare taxes and any other charge having a direct and incremental relationship with the compensated absence payment. Salary related payments should be accrued using the rates in effect at the balance sheet date. The current rates in effect for employer contributions are 6.2% for social security and 1.45% for medicare. Therefore, if social security and medicare contributions are applicable, the total employer FICA contribution rate is 7.65% of taxable wages. Computations will vary by employee since certain employees are not subject to social security and some employees will exceed the social security wage cap. Employer contributions for retirement should not be considered salary related costs because that liability is currently accounted for as part of the accrued retirement costs.

All amounts reported on this form must be rounded to the nearest thousand. Where a line or column does not apply, leave it blank.

INSTRUCTIONS

Compensated absences generally should be computed using the specific identification method. This can be accomplished by multiplying the actual number of vacation hours and other **vested** compensated absences for each employee by the employee's hourly salary as of June 30. The employee's hourly salary can be determined by dividing a computed annual salary based on the June 30 payroll by 261 (daily) and dividing this by the number of hours accounted for by the agency's normal work day (in hours). Form SCO-580 applies to governmental fund types only. Compensated absences for employees paid from proprietary, pension/investment/private purpose trust funds or component units should be reported on Form SCO-540.

Vacation and other – The vacation and other liability represents the dollar amount owed to employees by the State for each employee's hours of vacation and other leave outstanding at the end of the year multiplied by the employee's hourly salary.

Additions - To calculate total additions to the vacation and other liability, multiply each employee's hours of vacation and other leave earned during the fiscal year by the employee's hourly salary at the end of the fiscal year.

Note: Do not add the cost of vacation time *transferred in* from other State agencies. These transfers-in are netted against the amount of deductions as explained below. However, the

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OFFICE OF THE COMPTROLLER**

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PROCEDURE	COMPENSATED ABSENCES (SCO-580)	REVISION NUMBER	
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amount entered for additions should include all vacation time earned by every employee during the current fiscal year, regardless of whether the employee is still employed by the agency on June 30.

Deductions - To calculate total deductions from the vacation and other liability, individually multiply the total hours used/deducted by each employee by the employee's hourly salary. Deductions represent a decrease to the amount of the State's liability, as identified below:

- a. Hours of leave used by employees during the fiscal year.
- b. Hours of leave paid in cash to employees who separated from State employment during the fiscal year.
- c. Hours of leave removed from the agency's records for each employee who *transferred out* to other State agencies during the fiscal year.
- d. Adjustment for hours of leave added to the agency's records for each employee who *transferred in* from other State agencies during the fiscal year should be netted against (a), (b) and (c) above.

The current portion due within one year of the vacation and other liability represents the portion of the vacation and other liability estimated to be paid in cash within the next fiscal year due to employees' separation from State employment.

Salary related costs – Vacation and other - represent the liability for the State's share of Social Security and Medicare costs associated with the Vacation and other liability to be paid to an employee.

Additions – To calculate total additions to the salary related costs – vacation and other liability multiply each employee's dollar amount of vacation and other leave (subject to the applicable taxable wage limitations) earned during the fiscal year by the appropriate percentage for the employer's share of FICA (7.65%). If social security does not apply, multiply by the appropriate percentage for the employer's share of Medicare (1.45%).

Deductions – To calculate total deductions to the salary related costs – vacation and other liability multiply each employee's dollar amount of vacation and other leave (subject to the applicable taxable wage limitations) used/deducted during the fiscal year by the applicable percentages (identified in "Additions" above).

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OFFICE OF THE COMPTROLLER**

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The current portion due within one year of the salary related costs – vacation and other liability represents the portion of the salary related costs – vacation and other liability estimated to be paid in cash within the next fiscal year due to employees’ separation from State employment.

Sick – represents the liability to the State for agency employees’ unused sick leave earned after January 1, 1984 and before January 1, 1998.

Additions – Additions to the sick liability will always be zero, as sick leave earned in the current period is no longer a liability to be paid at the time of separation or retirement.

Deductions – To calculate total deductions from the sick liability, individually multiply the total hours used/deducted during the year by each employee by the employee’s hourly salary. Deductions to the Sick liability represent a decrease to the amount of the State’s liability, as identified below:

- a. Hours of leave used by employees during the fiscal year.
- b. Hours of leave paid in cash to employees who separated from State employment during the fiscal year.
- c. Hours of leave removed from the agency’s records for each employee who ***transferred out*** to other State agencies during the fiscal year.
- d. Adjustment for hours of leave added to the agency’s records for each employee who ***transferred in*** from other State agencies during the fiscal year will offset (a), (b), and (c) above.
- e. Adjustments for employee salary increases should be netted against (a), (b) and (c) above.

Note: If the sum of (d) and (e) is greater than the sum of (a) through (c), the end result will be a negative deduction and an increase to the State’s liability.

The current portion due within one year of the sick liability represents the portion of the sick liability estimated to be paid in cash within the next fiscal year due to employees’ separation from State employment.

Salary related costs – Sick - represent the liability for the State’s share of Social Security and Medicare costs associated with the sick liability to be paid to an employee.

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OFFICE OF THE COMPTROLLER**

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Additions – Additions to the salary related costs – sick liability will always be zero as sick leave earned in the current period is no longer a liability to be paid at the time of separation or retirement.

Deductions – To calculate total deductions to the salary related costs – sick liability, multiply each employee’s dollar amount of sick time used/deducted during the year by the appropriate percentage for the employer’s share of FICA (7.65%). If social security does not apply, multiply by the appropriate percentage for the employer’s share of Medicare (1.45%).

The current portion due within one year of the salary related costs – sick liability represents the portion that is estimated to be paid in cash within the next fiscal year due to employees’ separation from State employment.

CONTENTS

Refer to Exhibit 27.20.80 A-B.

<u>REFERENCE</u>	<u>CONTENTS</u>
(1)	Under the section titled “Agency Wide Forms” click on the “SCO-580” form and the click on the “Form Information” icon to open the form for editing.
(2)	The Balance at June 30, Prior Year column contains read-only fields, prepopulated with the liability balances from the previous year’s form.
(3)	Enter the amount of additions to the Vacation and Other and the Salary Related Costs – Vacation and Other liabilities earned during the year.
(4)	Enter the amount of deductions from the Vacation and Other and the Salary Related Costs – Vacation and Other liabilities for leave used/paid/transferred by employees during the fiscal year.
(5)	The Balance at June 30, Current Year is a read-only formulated field equal to the beginning balance, plus additions, minus deductions for the Vacation and Other and the Salary Related Costs – Vacation and Other liabilities.

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OFFICE OF THE COMPTROLLER**

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<u>REFERENCE</u>	<u>CONTENTS</u>
(6)	The additions fields for the Sick and Salary Related Costs – Sick liabilities are read-only formulated fields prepopulated as zero.
(7)	Enter the amount of deductions from the Sick and the Salary Related Costs – Sick liabilities for leave used/paid/transferred by employees during the fiscal year.
(8)	The Balance at June 30, Current Year is a read-only formulated field equal to the beginning balance, plus additions, minus deductions for the Sick and the Salary Related Costs – Sick liabilities.
(9)	Enter the current portion of the liability reported in the June 30, CY column. The current portion is the estimated amount of the liability to be paid in cash within the next fiscal year due to the employees’ separation from State employment.
(10)	This is a calculated field equal to the sum of (5).
(11)	This is a calculated field equal to the sum of (8).
Note	The form must be saved after the information is entered. If the user navigates away from the form without saving, all entries will be lost.
(12)	Enter the actual headcount (not in thousands) of employees at the end of the fiscal year.
(13)	Enter (to the nearest whole unit) the number of vacation and other paid leave hours outstanding at the end of the fiscal year.
(14)	Enter (to the nearest whole unit) the number of sick hours outstanding at the end of the fiscal year.
(15)	This is a calculated field equal to (10) times 1,000 divided by (13). Any large discrepancies from the rate calculated for the previous year should be researched.

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OFFICE OF THE COMPTROLLER**

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<u>REFERENCE</u>	<u>CONTENTS</u>
(16)	This is a calculated field equal to (11) times 1,000 divided by (14). Any large discrepancies from the rate calculated for the previous year should be researched.
Note	The form must be saved after the information is entered. If the user navigates away from the form without saving, all entries will be lost.
Note	Once the form is complete, click on the "Form Information" icon to submit the form to the IOC for review. Once the form has been submitted, it is read-only. Any additional changes have to be made by the IOC. (Note: the submission of the SCO-580 is separate from the preparation, completion and submission of the individual fund GAAP Packages. This step will not impact the GAAP Package process.)

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		July 15, 2002	
PROCEDURE	CONTINGENCIES, COMMITMENTS AND RELATED PARTY TRANSACTIONS (SCO-599)	REVISION NUMBER	
		NEW	

Related Party Transactions

Related party disclosures should include the following:

- The nature of the relationship involved.
- A description of the transactions, including transactions to which no amounts or nominal amounts were ascribed for the reporting period and such other information deemed necessary to provide an understanding of the effects of the transaction on the year-end reporting packages and financial statements.
- The dollar amount of transactions for the reporting period and the effects of any change in the method of establishing the terms from that used in the preceding period.
- Amounts due from or to related parties as of the end of the reporting period and, if not otherwise apparent, the terms and manner of settlement.

CONTENTS

Refer to Exhibit 27.20.99-B.

<u>REFERENCE</u>	<u>CONTENTS</u>
(1)	Enter the last two digits of the fiscal year for which this form is being completed.
(2)	Enter the official agency name.
(3)	Enter the three-digit Comptroller assigned agency number.
(4)	Indicate whether the contingency is a “gain contingency” or a “loss contingency.”
(5)	Provide a description of the contingency.
(6)	Indicate whether the contingency is related to pending or threatened litigation or unasserted claims or assessments. This applies only to contingencies related to litigation or possible litigation.
(7)	If the contingency is a “loss contingency,” place a checkmark next to the appropriate probability of loss category (probable, reasonably possible or remote).

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	AGENCY REPORTING	PROCEDURE	PAGE NO.
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		July 1, 2017	
PROCEDURE	CONTINGENCIES, COMMITMENTS AND RELATED PARTY TRANSACTIONS (SCO-599)	REVISION NUMBER	
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REFERENCE

CONTENTS

- (8) Enter the estimated amount or range if the loss is probable or reasonably possible.
- (9) Provide a description of the commitment.
- (10) Enter the amount (rounded to the nearest thousand) of the commitment.
- (11) Provide a description of any related party transactions. Additional pages should be attached when the space on the form is not sufficient to adequately describe the situation.
- (12) Signature of the agency director. (Universities should obtain signature of an individual with, at a minimum, the overall responsibility for accounting and financial reporting.)
- (13) Date of approval.

State of Illinois	Agency _____
Contingencies, Commitments and Related Party Transactions	Agency # _____
June 30, 20 _____	

<u>Contingency</u> Gain _____ Loss _____ (1) Description _____	<u>Contingency</u> Gain _____ Loss _____ (2) Description _____	<u>Contingency</u> Gain _____ Loss _____ (3) Description _____

Pending or Threatened _____	Pending or Threatened _____	Pending or Threatened _____
Unasserted Claim _____	Unasserted Claim _____	Unasserted Claim _____

Probability of Loss <input type="checkbox"/> Probable <input type="checkbox"/> Reasonably Possible <input type="checkbox"/> Remote Estimated Loss (Range) <u>Nearest Thousand</u> From _____ To _____ \$ _____ \$ _____	Probability of Loss <input type="checkbox"/> Probable <input type="checkbox"/> Reasonably Possible <input type="checkbox"/> Remote Estimated Loss (Range) <u>Nearest Thousand</u> From _____ To _____ \$ _____ \$ _____	Probability of Loss <input type="checkbox"/> Probable <input type="checkbox"/> Reasonably Possible <input type="checkbox"/> Remote Estimated Loss (Range) <u>Nearest Thousand</u> From _____ To _____ \$ _____ \$ _____

<u>Commitments</u> (1) Description _____	<u>Commitments</u> (2) Description _____	<u>Commitments</u> (3) Description _____
Amount (Nearest Thousand) \$ _____	Amount (Nearest Thousand) \$ _____	Amount (Nearest Thousand) \$ _____

Related Party Disclosures: (Attach additional pages as necessary) _____

Agency Director* **Date**

* Universities should obtain signature of an individual with, at a minimum, the overall responsibility for accounting and financial reporting.

State of Illinois Agency 2
 Contingencies, Commitments and Related Party Transactions Agency # 3
 June 30, 20 1

<u>Contingency</u> Gain <u>4</u> Loss <u>4</u> (1) Description <u>5</u>	<u>Contingency</u> Gain _____ Loss _____ (2) Description _____	<u>Contingency</u> Gain _____ Loss _____ (3) Description _____

Pending or Threatened <u>6</u> Unasserted Claim <u>6</u>	Pending or Threatened _____ Unasserted Claim _____	Pending or Threatened _____ Unasserted Claim _____
Probability of Loss <u>7</u> <input type="checkbox"/> Probable <input type="checkbox"/> Reasonably Possible <input type="checkbox"/> Remote Estimated Loss (Range) <u>Nearest Thousand</u> From _____ To _____ \$ <u>8</u> \$ <u>8</u>	Probability of Loss <input type="checkbox"/> Probable <input type="checkbox"/> Reasonably Possible <input type="checkbox"/> Remote Estimated Loss (Range) <u>Nearest Thousand</u> From _____ To _____ \$ _____ \$ _____	Probability of Loss <input type="checkbox"/> Probable <input type="checkbox"/> Reasonably Possible <input type="checkbox"/> Remote Estimated Loss (Range) <u>Nearest Thousand</u> From _____ To _____ \$ _____ \$ _____

<u>Commitments</u> (1) Description <u>9</u>	<u>Commitments</u> (2) Description _____	<u>Commitments</u> (3) Description _____
Amount (Nearest Thousand) \$ <u>1</u>	Amount (Nearest Thousand) \$ _____	Amount (Nearest Thousand) \$ _____

Related Party Disclosures: (Attach additional pages as necessary) 1

12
13

 Agency Director* Date

* Universities should obtain signature of an individual with, at a minimum, the overall responsibility for accounting and financial reporting.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.10.10 1 of 1
SUB-SECTION	OVERVIEW	EFFECTIVE DATE July 1, 2017
PROCEDURE	INTRODUCTION	REVISION NUMBER 18-001

INTRODUCTION

The bonded indebtedness system is designed to provide statewide financial information concerning general and special obligation and revenue bonds issued by the State and State agencies. The above bond classifications include the following types of indebtedness:

- * General obligation bonds, which are secured by a pledge of the full faith and credit of the State
- * Special obligation bonds, which are secured by a pledge of dedicated portions of the State's resources (e.g., sales tax, horse racing privilege tax)
- * Revenue bonds issued by State agencies or authorities, which are bonds secured by a pledge of income from assets constructed or acquired
- * Revenue bonds issued on behalf of State agencies by units of local government
- * Certificates of participation

State agencies are required under Section 218 of the Comptroller Act to submit bond issues information to the Comptroller's Office. This section of the SAMS Manual indicates the procedures to be followed by State agencies in reporting new bond issues to the Comptroller, including the reporting of periodic transactions involving redemption of principal and payment of interest.

Upon receiving the reports from State agencies, the Comptroller's Office will review them for completion of all data elements and record the information as required by law. The Comptroller's Office will issue an annual report prepared from the recorded information.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION BONDED INDEBTEDNESS

PROCEDURE - PAGE NO.
31.10.20 1 of 1

SUB-SECTION OVERVIEW

EFFECTIVE DATE
July 1, 2017

PROCEDURE STATUTE REFERENCE

REVISION NUMBER
18-001

STATUTE REFERENCE

Chapter 15, Paragraph 218, of the Illinois Compiled Statutes, 1973, states that **(15 ILCS 405/18)**:

“The comptroller shall maintain current records indicating the outstanding bonded indebtedness of the State and of all State agencies, setting out the State agency incurring the indebtedness, whether general obligation or revenue bonds, the amount of the outstanding indebtedness, maturity schedules, interest rates and such other information as may be required for professional, accurate and current accounting. The treasurer of the State of Illinois shall report to the comptroller each month changes in such outstanding general obligation bonded indebtedness. The comptroller shall maintain similar current records on the amount of authorized indebtedness on which debt has not been incurred.”

The Bonded Indebtedness System was developed as a means for State agencies to notify the Comptroller of new bond issues and to provide the capability of maintaining records pertaining to the outstanding bonded indebtedness of all State agencies.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.20.10 1 of 1
SUB-SECTION	GENERAL AND SPECIAL OBLIGATIONS BONDS	EFFECTIVE DATE July 1, 2017
PROCEDURE	ESTABLISHING NEW BOND ISSUES ON THE COMPTROLLER'S RECORDS	REVISION NUMBER 18-001

ESTABLISHING NEW BOND ISSUES ON THE COMPTROLLER'S RECORDS

The Comptroller's Office is required to maintain current records of the outstanding general and special obligation bonded indebtedness of the State. To meet this requirement, the Comptroller's Office must receive the following specific information for each new bond issue from the Governor's Office of Management and Budget.

1. A copy of the bond resolution/order.
2. A copy of the official bid awarded, if applicable.
3. A copy of the prospectus/official statement.
4. A copy of the Notice of Sale, if applicable.
5. For refunding bond issues only, information showing arithmetic and economic gains and/or losses, must be attached. This information is available from the issuing agency's bond council.

Upon receiving the preceding information, the Comptroller and Treasurer must then compute a maturity schedule for each new issue.

All required information should be sent to the following address:

Office of the Comptroller
Bonds Department
325 W. Adams St.
Springfield, IL 62704-1871

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.20.20 1 of 1
SUB-SECTION	GENERAL AND SPECIAL OBLIGATION BONDS	EFFECTIVE DATE July 1, 2017
PROCEDURE	TRANSACTION REPORTING - PERIODIC PAYMENT OF PRINCIPAL AND INTEREST	REVISION NUMBER 18-001

TRANSACTION REPORTING: PERIODIC PAYMENT OF
PRINCIPAL AND INTEREST

The Treasurer will be responsible for all transaction reporting concerning general obligation bonds. The trustee of the special obligation bond accounts, appointed by the Governor's Office of Management and Budget, will be responsible for the applicable transaction reporting.

Transaction reporting is concerned only with redemption of principal and/or payment of interest. Form C-08, "Notice of Payment of Bond Interest and/or Principal" (Exhibit 31.30.20-A), is to be used for the reporting of both types of transactions. When reporting payments for more than one bond issue, a separate form must be submitted for each bond issue. The form should be prepared and submitted by the Treasurer on the date that the voucher is processed for payment. In lieu of Form C-08, the Treasurer may submit a copy of the debt service voucher with an attached list of the bond issues for which payment is requested. Forms and schedules may also be scanned and emailed to the Illinois Office of the Comptroller at: bondpayments@illinoiscomptroller.gov.

Early redemption of principal should be reported on the form "Notice of Payment of Bond Interest and/or Principal" and an adjusted "Bond Interest and Redemption Schedule" (C-05) should be attached to the form.

All forms and schedules should be sent to the following address:

Office of the Comptroller
Bonds Department
325 W. Adams St.
Springfield, IL 62704-1871

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.30.10 1 of 3
SUB-SECTION	REVENUE BONDS	EFFECTIVE DATE July 1, 2017
PROCEDURE	ESTABLISHING NEW BOND ISSUES ON THE COMPTROLLER'S RECORDS	REVISION NUMBER 18-001

**ESTABLISHING NEW BOND ISSUES ON THE
COMPTROLLER'S RECORDS**

The Comptroller's Office is required to maintain current records of the outstanding Revenue Bonded Indebtedness of all State agencies. To perform this function, the Comptroller's Office must receive specific information concerning new bond issues. Any agency having a new bond issue must submit to the Comptroller's Office the following data within 30 days subsequent to the closing date or beginning date of the borrowing, whichever is later, unless supplementary procedures have been issued by the Comptroller's Office:

1. A copy of the Prospectus/Official Statement.
2. A copy of the Notice of Sale, where available.
3. A completed Form C-05 "Bond Interest and Redemption Schedule" (Exhibit 31.30.10-A).
4. For refunding bonds only, completed Form C-31, or equivalent information as provided by the issuing agency's bond counsel.

The preceding documents should be sent to the following address:

Office of the Comptroller
-Bonds Department
325 W. Adams St.
Springfield, IL 62704-1871

Failure to submit these documents within the reporting requirements will result in a delinquency letter sent to the Auditor General.

**INSTRUCTIONS FOR COMPLETION OF THE "BOND
INTEREST AND REDEMPTION SCHEDULE"**

The following instructions are to be followed in preparing the Form C-05 "Bond Interest and Redemption Schedule." Exhibit 31.30.10-A illustrates a properly completed form with reference numbers included.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.30.10 2 of 3
SUB-SECTION	REVENUE BONDS	EFFECTIVE DATE July 1, 2017
PROCEDURE	ESTABLISHING NEW BOND ISSUES ON THE COMPTROLLER'S RECORDS	REVISION NUMBER 18-001

REFERENCE

- (1) Enter an X for a new bond issue or an X for current or advanced refunding debt issue (also see instructions for C-31, procedure 31.45.10).
- (2) Enter an X next to the proper bond type, fixed rate or variable rate.
- (3) Enter the specific identity of the bond issue.
- (4) Enter the bond issuing authority (e.g., Illinois Student Assistance Commission).
- (5) Enter the effective date of issue.
- (6) Enter the total amount of the bond issue.
- (7) Enter the use of the bond sale proceeds.
- (8) Enter the denomination(s) of the bonds issued.
- (9) Enter the bond maturity date.
- (10) Enter the date of delivery of this bond ("to the Underwriter").
- (11) Enter the first principal payment's due date on this bond issue.
- (12) Enter the last principal payment's due date on this bond issue.
- (13) Enter the first interest payment's due date on this bond issue.
- (14) Enter the last interest payment's due date on this bond issue.
- (15) Documents required checklist (see procedure 31.30.10).
- (16) Enter the name of the individual approving this schedule.
- (17) Enter the title of the individual named in (16).
- (18) Enter the date the form was prepared.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.30.10 3 of 3
SUB-SECTION	REVENUE BONDS	EFFECTIVE DATE July 1, 2017
PROCEDURE	ESTABLISHING NEW BOND ISSUES ON THE COMPTROLLER'S RECORDS	REVISION NUMBER 18-001

REFERENCE

- (19) Enter the telephone number of the person submitting the form.
- (20) Enter the effective date of the maturity schedule. (Note: This date is the bond issue date for new issues. When exercising an early redemption option that results in an adjusted maturity schedule, indicate the date the revised maturity schedule is effective.)
- (21) Enter dates (month-day-year) when each principal and interest payment is due from the date in (20) through the remaining life of the bond issue. Maturity schedules prepared by the agency's bond counsel may be submitted in place of page 2 of 2, provided that all information required in steps (21) through (26) are included.
- (22) Enter the rate of interest on principal outstanding that is first to be redeemed, followed successively by the rates in the order of redemption of outstanding principal.
- (23) Enter amount of bond principal to be redeemed on the line with the corresponding date in (21).
- (24) Enter the amount of interest due on the line with the corresponding date in (21).
- (25) Enter the total principal remaining to be redeemed.
- (26) Enter the total interest remaining to be paid.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.30.20 1 of 2
SUB-SECTION	REVENUE BONDS	EFFECTIVE DATE July 1, 2017
PROCEDURE	TRANSACTION REPORTING - PERIODIC PAYMENT OF PRINCIPAL AND INTEREST	REVISION NUMBER 18-001

TRANSACTION REPORTING: PERIODIC PAYMENT OF
PRINCIPAL AND INTEREST

GENERAL INFORMATION

Transaction reporting is required where there is a redemption of principal and payment of interest. A single form C-08, "Notice of Payment of Bond Interest and/or Principal" (Exhibit 31.30.20-A) is to be used for the reporting of both types of transactions. For those Agencies that are the "paying agent" to bond owners, a form C-08 should be prepared and submitted within 30 days from the date the voucher is processed for payment by the agency. However, for agencies that utilize trustees as their "paying agent," a form C-08 should be prepared and submitted within 15 days of the agency's receipt of the trustee's monthly statement. To assist agencies that utilize trustees, a provision should be included in the trustee's contracts requiring them to send to the Comptroller's Office the Notice of Payments directly when payments are made. Forms and schedules may also be scanned and emailed to the Illinois Office of the Comptroller at bondpayments@illinoiscomptroller.gov.

Early redemption involving the payment of a premium by the issuing agency must be reported on the form "Notice of Payment of Bond Interest and/or Principal." The amount of premium paid should be footnoted on the form for informational purposes. Also, an adjusted maturity schedule should be submitted on the Form C-05 as set forth in Exhibit 31.30.10-A.

All forms and schedules should be sent to the following address:

Office of the Comptroller
-Bonds Department
325 W. Adams St.
Springfield, IL 62704-1871

Failure to submit these documents on the appropriate date shall result in a delinquency letter sent to the Auditor General, and a copy sent to the agency.

INSTRUCTIONS FOR COMPLETION OF THE "NOTICE OF
PAYMENT OF BOND INTEREST AND/OR PRINCIPAL"

The following instructions are to be followed in preparing the "Notice of Payment of Bond Interest and/or Principal." Exhibit 31.30.20-B illustrates a properly completed Form C-08 with the reference numbers included.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.30.20 2 of 2
SUB-SECTION	REVENUE BONDS	EFFECTIVE DATE July 1, 2017
PROCEDURE	TRANSACTION REPORTING - PERIODIC PAYMENT OF PRINCIPAL AND INTEREST	REVISION NUMBER 18-001

REFERENCE

- (1) Enter the agency, board or other authority vouchering the reported payment.
- (2) Enter the State agency or other authority responsible for administering the proceeds of the bond issue.
- (3) Enter the name of the Paying Agent.
- (4) Enter the amount of the principal being redeemed.
- (5) Enter the amount of the interest being paid.
- (6) Enter the amount of the premium being paid for bonds redeemed early.
- (7) Enter the due date according to the indenture.
- (8) Enter the voucher date.
- (9) Enter the specific identity of the bond issue, including the year.
- (10) Enter the amount of Bond Principal Outstanding, after applying payment, entered in (4) shown above. If there has been a remarketing failure of “tendered bonds,” include a footnote on this line that states, “includes \$XXX,XXX of bank bonds outstanding.”
- (11) Enter the name of the individual approving voucher.
- (12) Enter the title of the individual named in (11).
- (13) Enter the date the form was prepared.
- (14) Enter the telephone number of the person submitting the form.
- (15) Enter the email address of the person submitting the form.
- (16) Enter the date the trustee statement was received.

Notice of Payment of Bond Interest and/or Principal

To: Office of the Comptroller
Bonds Department
325 W. Adams St.
Springfield, IL 62704-1871

E-mail: bondpayments@illinoiscomptroller.gov

Fax: 217/524-5877

By _____

On Behalf Of _____

To Paying Agent _____

For Principal In The Amount Of \$ _____

For Interest In The Amount Of \$ _____

For Premium In The Amount Of \$ _____

Due On _____ Paid On _____

Bond Issue Titled (Including Name & Year) _____

Amount of Bond Principal Outstanding
(After current payment is applied) _____

Comptroller Use Only

Type _____

Agency _____

Bond Ref _____

Posted By/Date _____

By _____

Title _____

Date _____

Telephone Number _____

E-Mail Address _____

Date Trustee Statement Received _____

Notice of Payment of Bond Interest and/or Principal

To: Office of the Comptroller
Bonds Department
325 W. Adams St.
Springfield, IL 62704-1871

E-mail: bondpayments@illinoiscomptroller.gov

Fax: 217/524-5877

- (1) By XYZ Agency
- (2) On Behalf Of RST Authority
- (3) To Paying Agent Third Bank
- (4) For Principal In The Amount Of \$ 5,000,000
- (5) For Interest In The Amount Of \$ 125,000
- (6) For Premium In The Amount Of \$ 75,000
- (7) Due On October 1, 2006 (8) Paid On October 1, 2006
- (9) Bond Issue Titled (Including Name & Year) ABC Company Series 1992
- (10) Amount of Bond Principal Outstanding
(After current payment is applied) 25,000,000

Comptroller Use Only	
Type	_____
Agency	_____
Bond Ref	_____
Posted By/Date	_____

- (11) By John Jones
- (12) Title Financial Analyst
- (13) Date November 4, 2006
- (14) Telephone Number 312-999-7007
- (15) E-Mail Address jjones@ccc.com
- (16) Date Trustee Statement Received Nov. 1, 2006

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.40.10 1 of 3
SUB-SECTION	ANNUAL REPORTING OF BONDED INDEBTEDNESS AND LONG-TERM OBLIGATIONS	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTENTS OF ANNUAL REPORT	REVISION NUMBER 18-001

CONTENTS OF ANNUAL REPORT

Report Title: Bonded Indebtedness and Long-Term Obligations of the State of Illinois

Purpose: This report will be issued at the end of the fiscal year (or on an as needed basis) to provide a total dollar amount of outstanding bonded indebtedness of the State of Illinois and all State agencies.

GENERAL AND SPECIAL OBLIGATION BONDS

EXHIBIT I - Recap of General and Special Obligation Indebtedness (amounts expressed in thousands) (See Exhibit 31.40.10-A)

<u>REFERENCE</u>	<u>CONTENT</u>
(1)	Classification of bond issue.
(2)	Statutory reference.
(3)	Bonds authorized.
(4)	Bonds authorized but unissued.
(5)	Bonds issued.
(6)	Bonds outstanding as of the date of the report.

EXHIBIT II - Summary of Authorized General and Special Obligation Indebtedness (amounts expressed in thousands) (See Exhibit 31.40.10-B)

<u>REFERENCE</u>	<u>CONTENT</u>
(1)	Purpose of bond issue.
(2)	Bonds authorized as allocated per statute.
(3)	Bonds issued as allocated per statute.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.40.10 2 of 3
SUB-SECTION	ANNUAL REPORTING OF BONDED INDEBTEDNESS AND LONG-TERM OBLIGATIONS	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTENTS OF ANNUAL REPORT	REVISION NUMBER 18-001

- (4) Bonds authorized but unissued as allocated per statute.

EXHIBIT III - General and Special Obligation Bond Issues (amounts expressed in thousands)
(See Exhibit 31.40.10-C)

<u>REFERENCE</u>	<u>CONTENT</u>
(1)	Classification of bond issue.
(2)	Bond series.
(3)	Date of issue.
(4)	Date of maturity (date the last bond principal is to be redeemed).
(5)	Range of interest rates for each issue from lowest rate to highest rate over the life of the bond issue.
(6)	Amount of original issue.
(7)	Outstanding principal as of the report date.
(8)	Interest to be paid for the remaining life of the bond (based on current effective maturity schedule).

REVENUE BONDS

EXHIBIT IV - Recap of Revenue Bond Indebtedness and Certain Other Long-Term Obligations
(amounts expressed in thousands) (See Exhibit 31.40.10-D)

<u>REFERENCE</u>	<u>CONTENT</u>
(1)	Classification of bond issue.
(2)	Agency issuing bonds.
(3)	Authorized bond issues (unlimited, restricted or fixed amounts as described in the Illinois Compiled Statutes).

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.40.10 3 of 3
SUB-SECTION	ANNUAL REPORTING OF BONDED INDEBTEDNESS AND LONG-TERM OBLIGATIONS	EFFECTIVE DATE July 1, 2017
PROCEDURE	CONTENTS OF ANNUAL REPORT	REVISION NUMBER 18-001

- (4) Bonds issued by each agency (includes advance refunded and defeased bonds).
- (5) Outstanding principal for each agency as of the report date (includes advance refunded and defeased bonds).
- (6) Advance refunded and defeased bonds for each agency as of the report date.
- (7) Outstanding principal for each agency net of advance refunded and defeased bonds. This amount should total (5) less (6).

EXHIBIT V - Revenue Bond Issues by Agency (amounts expressed in thousands) (See Exhibit 31.40.10-E)

<u>REFERENCE</u>	<u>CONTENT</u>
(1)	Classification of bond issue.
(2)	Agency issuing bonds.
(3)	Bond series.
(4)	Date of issue.
(5)	Date of maturity (date the last bond principal is to be redeemed).
(6)	Range of interest rates for each issue from lowest rate to highest rate over the life of the bond issue.
(7)	Amount of original issue.
(8)	Outstanding principal as of the report date.
(9)	Interest to be paid for the remaining life of the bond (based on the current effective maturity schedule). The interest rate in effect at June 30 on variable interest bonds should be used to determine the bonds' future interest payments. Future interest payments are not presented for contingent debt or conduit debt.

STATE OF ILLINOIS
GENERAL AND SPECIAL OBLIGATION BOND ISSUES BY BOND TYPE
AS OF JUNE 30, 1998
(IN THOUSANDS \$)

BOND ISSUE	DATE		INTEREST RATES	AMOUNT OF ORIGINAL ISSUE	PRINCIPAL OUTSTANDING JUNE 30, 1998	FUTURE INTEREST PAYMENTS
	DATED	MATURITY				
GENERAL						
1						
Anti-Pollution						
2						
Series 1976-C.....	2-1-76	2-1-01	4.5% to 6.5%	\$ 40,000	\$ 4,800	\$ 432
Series 1977-D.....	1-1-77	1-1-02	4% to 6%	40,000	6,400	640
Series 1977-E.....	3-1-77	3-1-02	3.75% to 5.75%	25,000	4,000	420
Series 1977-F.....	6-1-77	6-1-02	3.5% to 5.5%	35,000	5,600	511
Series 1977-G.....	11-1-77	11-1-02	5% to 6%	35,000	7,000	875
Series 1978-H.....	6-1-78	6-1-03	5% to 6%	15,000	3,000	475
Series 1978-I.....	12-1-78	12-1-03	5.25% to 6.25%	20,000	4,800	792
Series 1979-J.....	3-1-79	3-1-04	5.25% to 6.25%	50,000	12,000	2,335
Series 1980-K.....	1-1-80	1-1-05	6% to 7%	20,000	5,600	1,434
Series 1980-L.....	5-1-80	5-1-05	6.5% to 7.5%	5,000	1,400	379
Series 1980-M.....	10-1-80	10-1-05	7.625% to 8.6%	20,000	6,400	2,048
Series 1981-N.....	6-1-81	6-1-06	9.25% to 10.25%	10,000	3,200	1,367
Series 1981-O.....	11-1-81	11-1-06	11% to 12%	10,000	3,600	1,854
Series 1982-Q.....	7-1-82	7-1-07	11% to 12%	10,000	4,000	2,235
Series 1982-R.....	11-1-82	11-1-07	8.75% to 9.75%	30,000	12,000	5,470
Series 1983-S.....	4-1-83	4-1-08	8% to 9%	15,000	6,000	2,703
Series 1983-T.....	8-1-83	8-1-08	8.25% to 9.25%	17,000	7,480	3,485
Series 1983-U.....	12-1-83	12-1-08	8.5% to 9.5%	10,000	4,400	2,106
Series 1984-V.....	4-1-84	4-1-09	8.75% to 9.75%	12,000	5,280	2,848
Series 1984-W.....	9-1-84	9-1-09	8.75% to 9.75%	20,000	9,600	5,108
				<u>\$ 439,000</u>	<u>\$ 116,560</u>	<u>\$ 37,517</u>
Capital Development						
Series 1972-A.....	8-1-72	8-1-97	3.25% to 5.25%	\$ 100,000	\$ ---	\$ ---
Series 1973-A.....	3-1-73	3-1-98	3.5% to 5.5%	100,000	---	---
Series 1973-B.....	9-1-73	9-1-98	4% to 6%	100,000	4,000	80
Series 1975-B.....	8-1-75	8-1-00	4.75% to 6.75%	50,000	6,000	427
Series 1976-A.....	2-1-76	2-1-01	4.5% to 6.5%	50,000	6,000	540
Series 1976-B.....	5-1-76	5-1-01	4% to 6%	50,000	6,000	560
Series 1976-C.....	9-1-76	5-1-01	4% to 6%	50,000	6,000	480
Series 1977-A.....	1-1-77	1-1-02	4% to 6%	40,000	6,400	640
Series 1977-B.....	3-1-77	3-1-02	3.75% to 5.75%	15,000	2,400	252
Series 1977-C.....	6-1-77	6-1-02	3.5% to 5.5%	25,000	4,000	365
Series 1977-D.....	11-1-77	11-1-02	5% to 6% (a)	50,000	6,000	450
Series 1978-A.....	2-1-78	2-1-03	4.8% to 5.8% (a)	25,000	2,000	150
Series 1978-B.....	6-1-78	6-1-03	5% to 6% (a)	50,000	2,000	114

STATE OF ILLINOIS
 RECAP OF REVENUE BOND INDEBTEDNESS AND
 CERTAIN OTHER LONG-TERM OBLIGATIONS
 AS OF JUNE 30, 1998
 (IN THOUSANDS)

	③ AUTHORIZED	④ ISSUED	⑥ OUTSTANDING AMOUNTS		
			⑤ Exhibit V	(Defeased)*/ Underlying Debt	⑦ Net
TAX SUPPORTED DEBT					
Metropolitan Pier and Exposition Authority	②				
Refunding.....	\$ Unrestricted	\$ 506,905	\$ 326,400	\$ ---	\$ 326,400
Regional Transportation Authority.....	500,000	500,000	483,780	---	483,780
Illinois Sports Facilities Authority.....	150,000	150,000	111,380	80,441	30,939
Other Long-Term Obligations					
Governor's Office of Management and Budget Certificates of Participation	125,000	38,755	38,300	---	38,300
Department of Central Management Services					
Certificates of Participation	Unrestricted	102,430	91,415	--	91,415
City of Collinsville, Agreement.....	Unrestricted	14,270	10,540	---	10,540
Department of Commerce and Economic Opportunity					
Exposition and Auditorium Agreements.....	Restricted	68,286	3,625	3,625	--
Department of Transportation, Springfield Airport Authority Agreement.....	Restricted	2,725	985	---	985
University of Illinois - Certificates of Participation	Unrestricted	95,870	74,850	---	74,850
		<u>\$ 1,479,241</u>	<u>\$ 1,141,275</u>	<u>\$ 84,066</u>	<u>\$ 1,057,209</u>
USER CHARGE SUPPORTED DEBT					
Illinois Rural Bond Bank.....	150,000	\$ 105,455	\$ 95,680	\$ ---	\$ 95,680
Illinois Housing Development Authority.....	3,600,000	1,768,440	418,061	27,890	390,171
Illinois Housing Development Authority - Refunding.....	Unrestricted	627,752	409,781	---	409,781
Illinois State Toll Highway Authority.....	Restricted	1,208,530	981,023	76,783	904,240
Illinois Student Assistance Commission.....	2,100,000	1,241,550	1,146,212	---	1,146,212
State Universities Retirement System.....	20,000	10,000	17,354	---	17,354
Chicago State University.....	Unrestricted	26,315	24,545	1,535	23,010
Eastern Illinois University.....	Unrestricted	80,589	60,326	17,355	42,971
Northeastern Illinois University.....	Unrestricted	7,580	6,290	---	6,290
Western Illinois University.....	Unrestricted	127,267	80,553	40,950	39,603
Illinois State University.....	Unrestricted	119,444	84,794	23,104	61,690
Northern Illinois University.....	Unrestricted	178,356	135,465	51,137	84,328
Southern Illinois University.....	Unrestricted	186,097	147,119	41,980	105,139
University of Illinois.....	Unrestricted	492,776	463,842	97,015	366,827
		<u>\$ 6,180,151</u>	<u>\$ 4,071,045</u>	<u>\$ 377,749</u>	<u>\$ 3,693,296</u>
CONTINGENT DEBT					
Southwestern Illinois Development Authority.....	Unrestricted	\$ 108,890	\$ 84,835	\$ 8,385	\$ 76,450
Metropolitan Pier and Exposition Authority					
Second McCormick Place Expansion Project.....	1,037,000	936,399	1,009,661	489,301	520,360
Refunding (includes accretion bonds).....	Unrestricted	636,233	653,707	---	653,707
Quad Cities Regional Economic Development Authority	100,000	27,225	25,145	---	25,145
Upper Illinois River Valley Development Authority.....	100,000	4,030	2,930	---	2,930
		<u>\$ 1,712,777</u>	<u>\$ 1,776,278</u>	<u>\$ 497,686</u>	<u>\$ 1,278,592</u>

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SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.45.10 1 of 6
SUB-SECTION	INPUT PROCEDURES	EFFECTIVE DATE July 1, 2017
PROCEDURE	SCHEDULE OF FOOTNOTE DISCLOSURE OF CURRENT AND ADVANCE REFUNDING DEBT (C-31)	REVISION NUMBER 18-001

SCHEDULE OF FOOTNOTE DISCLOSURE OF
CURRENT AND ADVANCE REFUNDING DEBT (C-31)

PURPOSE

The purpose of the Schedule of Footnote Disclosure of Current and Advance Refunding Debt form C-31 (Exhibit 31.45.10-A) is to collect refunding debt information to calculate disclosures required by the Governmental Accounting Standards Board (GASB) Statement 7, Statement 23 and Statement 34.

The form is to be completed at the time the agency issues refunding debt and then sent to the Comptroller's Office. Upon completion of the calculation of required disclosure information by the Comptroller's Office, the agency will receive the proper footnote disclosures in addition to supporting schedules. Two copies should be retained by the agency: one to provide an internal record and one for the Auditor General or his representative.

Note: It is permissible for the agency to submit the information requested above in a format other than a Form C-31, provided it is prepared by their bond counsel and contains all the information and support requested on the form C-31.

GENERAL

Form C-31 collects information that is used to calculate the disclosures required by GASB Statement 7, Statement 23 and Statement 34 for current and advance refundings resulting in defeasance of debt. Refundings involve the issuance of new debt whose proceeds are used to repay old (previously issued) debt. In a current refunding, the proceeds of the new debt are used to repay the old debt immediately. However, in an advance refunding, the new debt proceeds are placed with an escrow agent and invested until they are used to pay principal and interest on the old debt at a future time. An in-substance defeasance occurs when debt is considered defeased for accounting and financial reporting purposes. To qualify as an in-substance defeasance, the debtor irrevocably places cash or other assets with an escrow agent in a trust to be used solely for satisfying scheduled payments of both interest and principal of the defeased debt, and the possibility that the debtor will be required to make future payments on the debt is remote.

GASB Statement 7 requires a general description of the advance refunding transactions, regardless of where the debt is reported (e.g., governmental activities, business-type activities or component units). At a minimum, the disclosures should include (a) the difference between the cash flows required to service the old debt and the cash flows required to service the new debt and complete the refunding (the arithmetic gain or loss) and (b) the economic gain or loss resulting from the transaction. If variable rate debt has been issued to refund fixed rate debt, additional disclosures should be made for the range of potential savings based on the variable rate debt maximum and minimum interest rates.

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When measuring the difference between the two cash flows, additional cash used to complete the refunding paid from resources other than the proceeds of the new debt should be added to the new debt cash flows. Accrued interest received at the debt issuance date should be excluded from the new debt cash flows.

The economic gain or loss is the difference between the present value of the old debt service requirements and the present value of the new debt service requirements adjusted for additional cash paid and accrued interest received as discussed above. However, the new debt service requirements must be discounted at the effective interest rate, which produces a present value equal to the proceeds of the new debt (including accrued interest) net of any premiums or discounts and any underwriting spread and issuance costs that are not recoverable through escrow account earnings.

GASB Statement 7 also requires the disclosure of the accounting gain or loss, as computed by APB Opinion 26 for university funds (component unit). This gain or loss should be expensed during the period in which the refunding occurred.

GASB Statement 23 amended Statement 7 to require all advance refunding disclosures to be made for current refundings by proprietary funds (business-type activity). In addition, Statement 23 requires the calculation of the difference between the reacquisition price and the net carrying amount of the old debt to be deferred and amortized as a component of interest expense in a systematic and rational manner over the remaining life of the old debt or the life of the new debt, whichever is shorter. On the balance sheet, this deferred amount should be reported as a deduction from or an addition to the new debt liability.

GASB Statement 34 subsequently amended both Statement 7 and Statement 23 to include general obligation debt and special obligation debt for primary government activity (governmental activities).

The reacquisition price is the amount required to repay previously issued debt in the refunding transaction. In a current refunding, this includes principal of the old debt, any call premium, and any interest of the old debt that is to be repaid by the new debt proceeds. In an advance refunding, it is the amount placed in escrow that, together with interest earnings, is necessary to pay interest and principal on the old debt and any call premium. The net carrying amount is the amount due at maturity, adjusted for any unamortized premium or discount or issuance costs related to the old debt.

In addition to these disclosures that are made in the year of the refunding, in all periods following the current or advance refunding for which debt defeased in-substance remains outstanding, the outstanding debt should be disclosed in the footnotes.

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SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.45.10 3 of 6
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PROCEDURE	SCHEDULE OF FOOTNOTE DISCLOSURE OF CURRENT AND ADVANCE REFUNDING DEBT (C-31)	REVISION NUMBER 18-001

INSTRUCTIONS

Form C-31 must be completed at the time refunding bonds are issued by an agency. The completion of this form will enable the Comptroller's Office to calculate the required refunding disclosures to be included in the agency's and the State's annual financial statements. All amounts should be entered to the nearest dollar.

Information provided by the issuing agency may be substituted for Form C-31, provided it contains all the information required by Form C-31.

The form is divided into three parts. Part I is used to collect information for calculating the arithmetic and economic gain or loss for current or advance refunding bonds issued by all fund types. Debt service requirements schedules for the old debt, including call premiums, and the new debt should also be submitted. Part II is used to calculate the accounting gain or loss based on APB 26 for all current or advance refunding bonds issued that will be included in the financial statements. Part III is used to calculate the difference between the reacquisition price and the net carrying amount of the old debt for advance or current refunding bonds issued. This amount should be deferred and amortized as a component of interest expense in a systematic and rational manner over the remaining life of the old debt or the life of the new debt, whichever is shorter. This deferred amount should be reported as a deduction from or an addition to the new debt liability.

CONTENTS

Refer to Exhibit 31.45.10-B.

REFERENCE

CONTENTS

- (1) Enter the date of the refunding for which the form is being completed.
- (2) Enter the official agency name.
- (3) Enter the three-digit Comptroller-assigned agency number.

Part I

- (4) Enter the bond series that is refunding the old debt. (e.g., Series 2002-A)
- (5) Enter the old debt bond series that are being refunded. This also includes bond series that are being only partially refunded.

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- (6) Enter the total principal amount of the new debt.
- (7) Enter the principal amount of the new debt which is being used for the refunding. (Note: If the new debt is used for refunding and current projects, then the new debt service requirements, issuance costs, accrued interest, etc., will need to be prorated between the amount used for refunding and the amount used for current projects. If the new debt is only used for refunding and to set up debt service reserve fund, then no proration of amounts is necessary.)
- (8) Enter the amount of original issue discount of the new debt, if applicable.
- (9) Enter the amount of accrued interest received on the new debt, if applicable.
- (10) For new debt, enter issuance costs or underwriter's discounts that are not recoverable through escrow account earnings. Issuance costs include insurance costs, financing costs, and other related costs.
- (11) Enter the various uses of the new debt proceeds. Examples include the escrow payment used to refund the old debt, amounts used to set up a debt service reserve account for the new debt, accrued interest on the new debt, and amounts used for current projects.
- (12) Enter the amount of additional funds provided by the agency to complete the refunding.

Part II

- (13) Enter the principal amount of the old debt.
- (14) Enter the accrued interest on the old debt, which has been recorded on the agency's internal records.
- (15) Enter the costs of issuance for the new debt.
- (16) Enter the amount used to set up a debt service account for the new debt.
- (17) Enter the amount of the original issue discount for the new debt.

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- (18) Enter the amount of proceeds used for current projects.
- (19) Enter the unamortized premium on the old debt.
- (20) If the sum of the credits is greater than the sum of the debits, then enter the amount of the loss on the refunding of the old debt. This amount should be recorded on the agency's financial statements.
- (21) Enter the principal amount of the new debt.
- (22) Enter the accrued interest on the new debt.
- (23) Enter the amount of the original issue premium for the new debt.
- (24) Enter the unamortized discount on the old debt.
- (25) Enter the unamortized issuance costs of the old debt.
- (26) Enter the amount of additional funds provided by the agency to complete the refunding.
- (27) If the sum of the credits is less than the sum of the debits, then enter the amount of the gain on the refunding of the old debt. This amount should be recorded on the agency's financial statements.

Part III

- (28) For current refundings, enter the principal amount of the old debt.
- (29) For current refundings, enter the call premium to be paid on the old debt.
- (30) For current refundings, enter the interest on the old debt that is to be paid by the proceeds of the new debt.
- (31) Enter the total of (28), (29), and (30).
- (32) For advance refundings, enter the amount of funds required to be deposited in an escrow fund to refund the old debt.

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SECTION	BONDED INDEBTEDNESS	PROCEDURE - PAGE NO. 31.45.10 6 of 6
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- (33) Enter the amount of old debt outstanding.
- (34) Enter the amount of unamortized issuance costs for the old debt, if applicable.
- (35) Enter the amount of unamortized premium for the old debt, if applicable.
- (36) Enter the amounts of unamortized discount for the old debt, if possible.
- (37) Enter the total of (33), (34), (35), and (36).
- (38) Enter the difference between (31) or (32), depending on the type of refunding, and (37). This is the amount that should be deferred and amortized as a component of interest expense over the remaining life of the old debt or the life of the new debt, whichever is shorter. In addition, this amount should be reported on the balance sheet as a deduction from or an addition to the new debt liability.

**Report of Receipts and Disbursements
"Locally Held" Funds**

Agency: Department of XYZ 401

Reporting Date: 12 31 06

Division: Jacksonville

Basis of Accounting: Cash

Fund: Rehabilitation Fund 1144

**Fiscal Year to Date
Round to Nearest Dollar**

Receipts

803	Bond Issue Proceeds	\$	0
806	Bond Operations		0
824	Auxiliary Enterprises		2,025
831	Federal Government		6,000
843	Fines, Penalties, or Violations		0
846	Fund Transfers-In		0
852	Investment Income		200
855	License, Fees, or Registrations		400
858	Local Illinois Governmental Units		0
861	Miscellaneous		20
864	Other Illinois State Agency Grants		0
867	Other States		0
870	Private Organizations or Individuals		500
876	Rental Income		50
878	Repayment of Loans		0
882	Sale of Investments		0
883	Sales & Services of Educational Dept.		0
885	Student Fees		0
888	Subscription or Publication Sales		10

Other - Specify:

Total \$ 9,205

Disbursements

1100	Personal Services	\$	3,400
1160	Retirement		340
1170	Social Security		174
1180	Group Insurance		110
1200	Contractual Services		0
1290	Travel		8
1298	Purchase of Investments		0
1300	Commodities		1,250
1302	Printing		115
1500	Equipment		0
1600	Electronic Data Processing		120
1700	Telecommunications		85
1800	Operations of Automotive Equipment		0
4400	Awards or Grants		0
4496	Boarding Out of State Wards		0
6600	Permanent Improvements		875
7700	Transportation & Related Construction		0
8800	Debt Service		0
9900	Refunds		0
9998	Cost of Sales		0
9999	Fund Transfers-Out		1,200

Other - Specify:

Total \$ 7,677

Information Summary

Cash on Hand and in Banks	\$	20,263
Investments		113,500
Total	\$	<u>133,763</u>

Signature of Responsible Official

January 25, 2007

Date

782-1234

Telephone Number

**STATE OF ILLINOIS
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SECTION	MISCELLANEOUS	PROCEDURE - PAGE NO. 33.15.20 1 of 5
SUB-SECTION	TAX EXPENDITURE REPORTING	EFFECTIVE DATE July 1, 2017
PROCEDURE	PROCEDURES	REVISION NUMBER 18-001

PURPOSE

The purpose of tax expenditure reports is to provide information required to satisfy the annual tax expenditure reporting requirement as specified in the State Comptroller Act 15 ILCS 405/16. This data will be summarized in a publication to be issued by the Comptroller's Office. Reports are necessary for each tax, license, fee, or registration authorized by state law and collected by state agencies. Reports are not necessary for taxes, licenses, fees, or registrations levied by units of local government and collected by state agencies, nor for taxes, licenses, fees, or registrations that are not deposited into state funds. The Comptroller's Office has an Internet-based Tax Expenditure Reporting System. Agencies reporting tax expenditures must use this system to simplify processing of tax expenditure information.

GENERAL

A tax expenditure is any incentive authorized by law that by exemption, exclusion, deduction, allowance, credit, preferential tax rate, abatement, or other device reduces the amount of tax revenue that would otherwise accrue to the State.

Exemptions from one state tax that are subject to another tax are not considered tax expenditures. Examples include the use tax exemption for transactions subject to the state sales tax and credits for taxes paid to other states.

When tax payments are deferred, the tax expenditure is the estimated interest loss to the State due to the deferral. An example of a deferral is a provision that excuses farmers from making estimated income tax payments.

CONTENTS

State agencies should use the online Tax Expenditure Reporting system at the Comptroller's website, <http://www.apps.ioc.state.il.us/office/TaxExpSQL/Login/>, for reporting tax expenditure information. Information requested is as follows:

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- | | |
|-----|---|
| (1) | Enter the three-digit Comptroller-assigned agency number. |
|-----|---|

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SECTION	MISCELLANEOUS	PROCEDURE - PAGE NO. 33.15.20 2 of 5
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- (2) Enter the Comptroller-assigned user ID and password.
- (3) Fill out the acknowledgement page with the name of the user and the user's telephone number, fax number, and email address. Click "yes" or "no" to indicate whether the agency had any tax expenditures in the applicable fiscal year.
- (4) Go to the Tax Expenditure Registry screen and select a specific tax receipt. Tax receipts that were entered in previous years will already be there. Tax receipt sources may be added using the "Go to Add Form" button. They may be deleted using the "Delete Record" button or renamed using the "Update Record" button.
- (5) For each tax receipt, enter the statutory authorization, year enacted, year effective, description (including the transactions or items on which it is levied and the rate), and revenues for the prior fiscal year, current fiscal year, and an estimate for the next fiscal year. Amounts should be rounded to the nearest thousand.
- (6) Go to the Tax Expenditure Information screen for a selected tax receipt. Tax expenditures entered in previous years will already be there. Tax expenditures may be added, deleted, or renamed using the buttons referenced in (5).
- (7) Enter the name of the tax expenditure.
- (8) Indicate whether there is a reportable cost estimate. If there is no reportable cost estimate, select an option to explain why: the tax expenditure cannot be calculated, the tax expenditure cost is insignificant, or the tax expenditure cost cannot be disclosed due to taxpayer confidentiality.

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SECTION	MISCELLANEOUS	PROCEDURE - PAGE NO. 33.15.20 3 of 5
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- (9) Enter the Tax Expenditure Description. Describe how the tax expenditure reduces the revenues that would otherwise accrue to the State. List any amendments since the effective date of this tax expenditure. Specify the type of tax expenditure (e.g., exemption, exclusion, deduction, allowance, credit, preferential tax rate, or abatement). Are those who qualify for the tax expenditure totally exempt from liability, or is their liability reduced from that of payers ineligible to benefit from the tax expenditure? If liability is reduced, how much is the reduction? Does the law include any changes in the tax expenditure since the previous fiscal year or in the upcoming fiscal year?
- (10) Enter the Tax Expenditure Methodology. Describe how the cost of the tax expenditure was estimated. Include the data sources, such as calculated from tax returns, estimated from a sample of returns, based on data from federal returns for a similar tax, or derived from economic data. Describe any adjustments made to the base data. Is the difference between the current year's estimate and next year's estimate based solely on expected changes in receipts for the revenue source, or does it reflect any expected legal or other changes? Please note if the methodology has changed between the prior and current fiscal years.
- (11) Enter the Tax Expenditure Assessment. Assess the impact of the tax expenditure on various classes of payers of the revenue source. Describe the groups that benefit from the tax expenditure.
- (12) Enter the Tax Expenditure Statutory Authority. The Tax Expenditure Statutory Authority screen includes a text box specifying the tax expenditure component for which the authority is being listed. If there is only one tax expenditure component, the component name should be identical to the tax expenditure name. If a tax expenditure has more than one component that was separately enacted, but the cost is being reported as a group, fill out a separate Tax Expenditure Statutory Authority screen for each one using the "Add Form" button. For example, the sales tax

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SUB-SECTION TAX EXPENDITURE REPORTING

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exemptions for coal, oil, and distillation machinery and equipment were separately enacted, but the Department of Revenue reports their cost as a group.

(13) After entering the tax expenditure component name on the Tax Expenditure Statutory Authority screen, enter the statutory authority for the tax expenditure from the Illinois Compiled Statutes. Next, enter the fiscal year the tax expenditure was enacted. Finally, enter the first fiscal year that the specified tax expenditure reduced revenues that would otherwise accrue to the State.

(14) Enter the Tax Expenditure Estimated Cost by fund for the current state fiscal year just ended and the next fiscal year. A separate screen needs to be completed using the “Add Record” button for each fund which receives revenues from the tax source. Amounts should be rounded to the nearest thousand dollars. Amounts under \$1 million are not required to be reported.

An example of the Tax Expenditure Estimated Cost screen is below.



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(15)

When all the data has been accurately entered, submit the report by pressing the Submit Report button.

FILING INSTRUCTIONS

The annual tax expenditure data should be submitted to the Comptroller's Office by November 1 of each year, with the exception of reports pertaining to the state income taxes. Those reports may be delayed until February 15 in order to obtain more complete data from the preceding tax year

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SECTION	MISCELLANEOUS	PROCEDURE - PAGE NO. 33.16.20 1 of 4
SUB-SECTION	AGENCY FEE IMPOSITION REPORTING	EFFECTIVE DATE July 1, 2017
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PURPOSE

The purpose of the Fee Imposition Report is to obtain information specified in the Illinois State Auditing Act (30 ILCS 5/3-8.5). The information is compiled in a report by the Comptroller's Office and submitted annually in a preliminary manner to the General Assembly by September 1. The Comptroller's Office has an Internet-based Agency Fee Imposition Reporting System. All agencies must submit their reports using this system.

GENERAL

Fees are charges by State agencies to citizens and private organizations. They include assessments, fares, fees, fines, levies, licenses, penalties, permits, registrations, tolls, and tuition. They do not include the following:

- Criminal and civil penalties (e.g., court fines, speeding tickets).
- Charges to State employees for insurance and retirement.
- Charges commonly considered taxes (e.g., hotel operators' tax, liquor taxes, sales and use taxes).

CONTENTS

State agencies should use the online Fee Imposition Reporting system at the Comptroller's website, <http://www.apps.ioc.state.il.us/office/FeeRptSQL/Login/>, for reporting fee information. Information requested is as follows:

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(1)	Enter the three-digit Comptroller-assigned agency number.
(2)	Enter the Comptroller-assigned user ID and password.
(3)	Fill out the acknowledgement page with the name of the user and the user's telephone number, fax number, and email address. Click "yes" or "no" to indicate whether the agency collected any fees in the applicable fiscal year.
(4)	Go to the Fee Registry screen and select a specific agency-assigned internal fee number. Fees that were entered in previous years will already be there. Fees may be added using the "Go to Add Form" button. They may be deleted using the "Delete Record" button or renamed using the "Update Record" button.

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SECTION	MISCELLANEOUS	PROCEDURE - PAGE NO. 33.16.20 2 of 4
SUB-SECTION	AGENCY FEE IMPOSITION REPORTING	EFFECTIVE DATE July 1, 2017
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- (5) For each fee number, enter the name of the fee.
- (6) Go to the “Fee Description A” screen. Enter a brief description of the fee, the fee’s purpose, the population charged the fee, and the use of the fee, if revenues are earmarked. Enter the statutory citation from the Illinois Compiled Statutes that provides authority to charge the fee and the Illinois Administrative Code citation that contains the rules applicable to the fee, along with any other appropriate sources that provide authority to charge the fee.
- (7) Go to the “Fee Description B” screen. Enter the administrative costs associated with collecting the fee. Indicate whether the fee program goals as specified in (6) were met, and enter an analysis of the degree to which the goals were achieved.
- (8) Indicate whether the fee is a user charge. User charges are charges intended to reimburse government for all or some of the cost of providing a service or operating a program; the revenues derived from a user charge must be deposited into a fund that supports the program. Tuition is an example of a user charge because it supports the operations of the university receiving the tuition. On the other hand, any fee with revenues deposited into the General Funds is not a user charge.
- If the agency user checks the box indicating that the fee is a user charge, a series of questions will appear after clicking the “Update Record” button. The user will need to indicate whether the user charge financially supported a program (a) fully, (b) partially, or (c) not at all. The user will then need to enter an analysis of the degree to which the user charge supported the program, and the percentage of program costs that were covered by the user charge revenues.
- (9) Go to the “Fee Description C” screen. Enter the names of programs funded with revenue from the fee. Enter the statutory citation from the Illinois Compiled Statutes and the citation from the Illinois Administrative Code that provide authority to fund the programs with revenue from the fee, along with any other appropriate sources that provide such authority.

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When the revenues from a fee are used for multiple programs, the information for each program should be entered as a separate record. After the information is entered for each program, click the “Add Record” button to clear the screen and allow the new program to be described.

- (10) Go to the “Rates” screen. Describe the basis for determining the fee rate. If not set by statute, specify the methodology used to determine the fee rate. Enter the rate classification describing how the fee is levied (e.g., per license issued, per credit hour) and, for fees with multiple rates, the class to which the rate applies (e.g., rate for seniors 65 and older, rate for vehicles 8,000 lbs. to 12,000 lbs.). Enter the number of people who were charged the fee. Indicate whether the fee is in dollars, or is a percentage of spending. Lastly, enter the fee rate.

- (11) Go to the “Deposits” screen. A separate record needs to be completed for each SAMS receipt account (an account has a unique fund, class, and source number). For each receipt account receiving fee revenues, enter (a) the four digit SAMS fund number; (b) the SAMS revenue class code; (c) the SAMS revenue source code; and (d) the SAMS receipt subsource code. The codes are available through drop down boxes. For each such record, enter the amount deposited during the applicable fiscal year.

If a fee is deposited into multiple receipt accounts, use the “Go to Add Form” button after all the deposit information has been entered for a receipt account to allow the information to be entered for the next receipt account. The “Next” and “Previous” buttons allow movement between deposits for a particular fee.

An example of the “Deposits” screen is on the following page.

**STATE OF ILLINOIS
OFFICE OF THE COMPTROLLER**

SECTION MISCELLANEOUS

PROCEDURE - PAGE NO.
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SUB-SECTION AGENCY FEE IMPOSITION REPORTING

EFFECTIVE DATE
July 1, 2014

PROCEDURE PROCEDURES

REVISION NUMBER
15-001



REFERENCE

CONTENTS

- (12) When all the data has been accurately entered, submit the report by pressing the “Submit Report” button.

FILING INSTRUCTIONS:

The annual fee data must be submitted to the Comptroller’s Office by August 1 of each year.



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

Public Accountability Report 2017 Indicator Worksheet

Due Date: August 15, 2017

If Indicators will stay the same as last year place X here:
Data will still have to be entered on the online system before October 15th.

Agency:	Date Sent:
---------	------------

Program Name:

Input Indicators:

- 1)
- 2)
- 3)

Output Indicators:

- 1)
- 2)
- 3)

Outcome Indicators:

- 1)
- 2)
- 3)

Outcome/External Benchmarks:

- 1)
- 2)
- 3)

Efficiency/Cost-Effectiveness Indicators:

- 1)
- 2)
- 3)

Efficiency/External Benchmarks:

- 1)
- 2)
- 3)

Please e-mail the completed form by August 15, 2017 to: PAR@illinoiscomptroller.gov



STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

**Public Accountability Report
2017 Program Worksheet**

Due Date: August 15, 2017

If Programs will stay the same as last year place X here:

Agency:	Date Sent:
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Agency Programs and Resources

Program *	Purpose	FY 2017 Budget **	FY 2017 Staffing **
Agency Total*			

* All Programs (Reporting and Non –Reporting) should sum to agency’s total budget and headcount.

** Budget and Staffing numbers can be adjusted on the Final online report due October 15th.

Please e-mail the completed form by August 15, 2017 to: PAR@illinoiscomptroller.gov