STATE OF ILLINOIS
Form C-10 - Revised 1/1/19 (formc10)

Travel Voucher

Control No. ____________
SUBA ____________
SUB SUBA ____________

Agency Name and Address

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.

1. Social Security Number XXX-XX-
2. Traveler Name
LAST NAME FIRST NAME MIDDLE INITIAL
ADDRESS

3. Voucher No.
4. Voucher Date
5. Appropriation Account Code
001-20101-1900-9900
6. Headquarters
7. Residence

8. Date	9. Departed From		10. Arrived At		11. Auto Mileage	12. Auto Reimburse-ment	13. Trans	14. Lodging	15. Meals or/ Per Diem	16. Other Expenses		17. Line Totals
	Place	Time	Place	Time	$0.580					Item	Amount	
SUB TOTALS					22.	23.	24.	25.	26.	SUB TOTALS	27.	

18. Exp. Obj.	19. Amount	20. CFDA No.	21. State License Plate Number
1264			
1291			
1292			
1295			
28. Total Exp.			

29. Total Amount ____________

30. Purpose of Travel

31. Traveler Comments/Explanations

TRAVELER CERTIFIES THAT SHE/HE IS DULY LICENSED AND CARRIES AT LEAST THE MINIMUM AUTO LIABILITY INSURANCE COVERAGE

This certifies that the travel shown above was required by the official duties of the traveler named to my personal knowledge, or as indicated by records submitted to me. If applicable, the reporting requirements of section 5.1 of the Governor's Office of Management and Budget Act have been met.

I certify that, in accordance with Section 12 of "An Act in Relations to State Finance", the above amount is correct and just; that the detailed items charged for subsistence were actually paid; that the expenses were occasioned by official business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was performed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof for any part of the journey therein charged for.

Division Head, Supt., Chief Date

Approved-Agency Head Date

Traveler Signature Date

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