Print Form

STATE OF ILLINOIS
Form C-10 Revised 1/1/2017

Travel Voucher

Disposition of Copies

1 Comptroller
2 Traveler
3 Agency
4 Agency
5 Traveler

Agency Name and Address

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

1. Social Security Number

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

3. Voucher No.

4. Voucher Date

5. Appropriation Account Code

6. Headquarters

7. Residence

8. Date	9. Departed From		10. Arrived At		11. Auto Mileage @$0.535	12. Auto Reimburse-ment		13. Trans		14. Lodging		15. Meals or/ Per Diem		16. Other Expenses			17. Line Totals	
	Place	Time	Place	Time										Item	Amount			

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

30. Purpose of Travel

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

31. Traveler Comments/Explanations

29. **Total Amount** _____

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

Division Head, Supt., Chief Date

Approved-Agency Head Date

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

Traveler Signature Date