

oucher Number	
Voucher Date	

1. Purpose of Travel		2. Traveler name and Address - Payee				3. UID#							
									4. Job Title				
									5. Headqua	rters			
									6. Residence	e			
									7. License l	Plate #			
					44 44-	12. Auto			45.001-				
8. Date	9. Departed	9. Departed From		d At	11.Auto Mileage	Reimburse- ment	13. Trans	14. Lodging	15. Meals or Per Diem	16. (	Other Expenses	17. Line Totals	
	Place	Time	Place	Time		@ .625				Item	Amount		
						\$						\$	
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Exp. Obj.		18. Notes								19. 1	Total Amount	\$	
1292										Reimbursem	ents should be submitte	d within 60 days of	
Total Exp.										completion of travel; otherwise, the reimbursement may be considered taxable income.			
											were actually paid, and		

I certify that, in accordance with Section 12 of "An Act in Relation to State Finance", the above amount is correct and just; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays requiring my stay at hotels for the time specified; that I performed the journey 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; and that if reimbursement for use of a private automobile is requested, I am duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code.

20. Traveler's Signature	21. Date

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, and that I pre-approved any conference room rates that exceed the reimbursement schedule.

	22. Account Number	24. Approved Amount	25. Fiscal Agent Approval	Please indicate 'Approved in
Γ				Colleague' if the Fiscal
L				Agent approved in
				Colleague
L				