STATE OF ILLINOIS
Form C-10 Revised 5/12

Disposition of Copies
1 Comptroller
2. Traveler
3 Agency
4 Agency
5 Traveler

Travel Voucher

EXHIBIT 17.20.10-B
(13-001)

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

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

Traveler, Terry J.
2549 Potomic Avenue
Springfield, IL 62702

3. Voucher No.
4. Voucher Date
5. Appropriation Account Code
6. Headquarters
7. Residence

8. Date	9. Departed From Place	9. Departed From Time	10. Arrived At Place	10. Arrived At Time	11. Auto Mileage @	12. Auto Reimbursement		13. Trans		14. Lodging		15. Meals or/ Per Diem		16. Other Expenses Item	16. Other Expenses Amount		17. Line Totals	
11/1/99	Spfld	7:30a	Carbondale	10:30a	160	49	60			*33	00	21	00				70	60
11/2/99	Carbondale	5:30p	Spfld	8:30p	160	49	60					28	00	Parking	2	00	79	60
11/16/99	Spfld	9:20a	Chicago	10:10a				**68	00					Taxi****	5	00	5	00
11/16/99	Chicago	6:30p	Spfld	7:20p				**68	00			17	00	Parking	3	00	20	00
11/19/99	Spfld	4:30p	Madison, WI	9:00a	268	83	08			***35	00	32	00				115	08
11/20/99	Madison, WI	5:00p	Spfld	10:00p	268	83	08					32	00	Parking	4	00	119	08
					856	265	36					130	00	SUB TOTALS	14	00	409	36

18. Exp. Obj.	19. Amount	20. CFDA No.	21. State License Plate Number
1264			
1291	76.00		
1292	68.00		
1295	265.36		
28. Total Exp.	409.36		

31. Traveler Comments/Explanations

*Billed Direct - Hotel 7
**Billed Direct - Air American
***Billed Direct - Happy Hotel
****Airport to Office

29. Total Amount 409 36

30. Purpose of Travel

1/1/99 11/20/99 7500 11/16/99 Mtg w/Dept of Employment Security
11/1–2/99 SAMS Seminar 11/19–20/99 AICPA Mtg

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.

12/13/99
Traveler Signature — Date

TRAVEL VOUCHER (Form C-10)

PURPOSE

The Travel Voucher (Exhibit 17.20.10-A) is used by State officers, State employees, contractual employees, and by wards or charges of the State to claim reimbursement for official business-related travel. Note: Travel Vouchers must be submitted as paper vouchers. Agency generated Travel Voucher forms must be approved by the Comptroller's Office before use.

TIMING REQUIREMENTS

Frequency of submission of Travel Vouchers is dependent on agency regulation. In order to determine the submission requirements, refer to your agency's Travel Regulations.

DISTRIBUTION

The Comptroller requires the original copy of the Travel Voucher. The number of copies required by each agency varies. Refer to the Travel Regulations of your agency for the particulars concerning the number of copies of the Travel Voucher which are required and to whom they are distributed.

CONTENTS

Information to be entered by the Traveler (Exhibit 17.20.10-B)

REFERENCE	CONTENTS
Heading	Enter name and address of the agency or institution.
Box 1	Enter Social Security Number of the traveler (not required when it is accompanied by an electronic record).
Box 2	Enter the name of the traveler in the following format: Last Name, First Name, Middle Name or initial and the address to which the warrant is to be mailed.

REFERENCE	CONTENTS
Box 6	Enter the city in which the traveler's headquarters are located. "Headquarters" is defined as the place where an employee's official duties require him/her to spend the largest amount of his/her working time.
Box 7	Enter the city in which the traveler maintains residence.
Column 8	Enter the date the expenses were incurred.
Column 9	Enter the city departed from and time of departure.
Column 10	Enter the city arrived at and time of arrival.
Column 11	The rate at which mileage driven in a privately owned vehicle is reimbursed is entered in the blank at the top of the column. The remainder of the column contains the number of miles for which reimbursement is claimed.
Column 12	The rate of reimbursement entered in the blank at the top of column 11 is multiplied by the number of miles driven, entered in column 11. The product is entered in column 12.
Column 13	Enter reimbursable Common Carrier Transportation expenses incurred. Common Carrier Transportation includes train, plane, bus, etc. For further definition, consult your travel regulations.
Column 14	Enter reimbursable lodging expenses incurred.
Column 15	Enter meal expenses incurred or per diem allowance.
Column 16	Enter all other reimbursable expenses, as defined in Section 3000.600 of the Governor's Travel Control Guide, including itemization of these expenses.
Column 17	Sum horizontally the amount in column 12 through 16 for each line and enter the sums as line totals in column 17.
Box 21	If a State vehicle was used during the trip, enter its license plate number in box 21. (Optional)

REFERENCE	CONTENTS
Box 22	Add all entries in column 11 and enter the sum in box 22.
Box 23	Add all entries in column 12 and enter the sum in box 23.
Box 24	Add all entries in column 13 and enter the sum in box 24.
Box 25	Add all entries in column 14 and enter the sum in box 25.
Box 26	Add all entries in column 15 and enter the sum in box 26.
Box 27	Add all entries in column 16 and enter the sum in box 27.
Box 29	Add the line total amounts in column 17 to obtain the total amount. Enter the sum in box 29. Verify the amount by adding boxes 23 through 27.
Box 30	Enter the purpose of the trip. If more space is needed, this may appear on the face of the Travel Voucher below the appropriate expense itemization lines.
Box 31	Enter any additional comments or explanations which will further clarify specific charges (i.e., direct billings).

The traveler must also attach the required receipts, explanations and authorizations as governed by the applicable Travel Regulations to the original copy of the Travel Voucher, sign and date it, and submit the Travel Voucher to their supervisor for approval. When the Travel Voucher is approved, the traveler forwards it to their agency's accounting office.

Information to be Entered by the Agency (Exhibit 17.20.10-B)

REFERENCE	CONTENTS
Box 3	Enter the number assigned to this voucher. Voucher numbers are restricted to 8 characters. The voucher number must be unique for an agency within a fiscal year.
Box 4	Enter the date on which the vouchers were batched.

Box 5	Enter the 16-digit appropriation (or non-appropriated) account code number in box 5. The number must be entered as follows: xxx-xxxxx-xxxx-xx-xx (i.e., fund-organization-object of appropriation-sequence-account type).
Column 18	Determine the charges applicable to In-State and Out-of-State contractual travel (1264), In-State travel (1291), Out-of-State travel (1292), and mileage (1295). Out-of-State charges are derived based on travel regulations.
Column 19	Enter the proper amounts based on the determination made above.
Column 20	Enter the appropriate Catalog of Federal Domestic Assistance (CFDA) number, if applicable.
Box 28	Add all entries in column 19 and enter the sum in box 28.

In determining the charges applicable to In-State and Out-of-State travel (Box 18), please note that unless official business is conducted during an in-state layover all costs must be charged to out-of-state travel. If official business is conducted then costs related to that business (i.e., taxis, per diem reimbursements) should be charged to in-state travel.

Verify that the arithmetic is accurate, check that all charges are allowed under applicable Travel Regulations, and that all items requiring receipts have proper receipts attached. During the lapse period (July and August) identify the proper fiscal year in the upper right hand corner above box 3.

Obtain approval signatures. Forward the Travel Vouchers to the Comptroller for processing. The Comptroller requires the original voucher (copy 1) only.

1291 In-State Travel, Reimbursements to Employees.
Includes all reimbursements of transportation, mileage, lodging, meals, and other reimbursable expenses incurred by state officers and employees that traveled within the State of Illinois in connection with official state business, as provided by applicable travel regulations. **NR**

1292 Out-of-State Travel, Reimbursements to Employees.
Includes all reimbursements of transportation, mileage, lodging, meals, and other reimbursable expenses incurred by state officers and employees that traveled outside the State of Illinois in connection with official state business, as provided by applicable travel regulations. **NR**

1293 In-State Travel, Payments to Vendors.
Includes all payments made directly to vendors providing services to state officers and employees traveling within the State of Illinois in connection with official state business, as provided by applicable travel regulations. Chargeable to this account are payments to hotels and motels, auto rental businesses, and common carriers such as trains, planes, and buses. Also chargeable to this account are payments made to the Air Transportation Revolving Fund and the State Garage Revolving Fund when incident to official state travel. **R**

1294 Out-of-State Travel, Payments to Vendors.
Includes all payments made directly to vendors providing services to state officers and employees traveling outside the State of Illinois in connection with official state business, as provided by applicable travel regulations. Chargeable to this account are payments to hotels and motels, auto rental businesses, and common carriers such as trains, planes, and buses. Also chargeable to this account are payments made to the Air Transportation Revolving Fund and the State Garage Revolving Fund when incident to official state travel. **R**

1295 Travel, Mileage Reimbursements to Employees.
Payments for reimbursements of mileage expenses incurred by state officers and employees who traveled in connection with official state business, as provided by applicable travel regulations. **NR**

1296 TRAVEL AND ALLOWANCES FOR COMMITTED, PAROLED AND DISCHARGED PRISONERS
Payments for travel and expense allowances for committed, paroled and discharged prisoners. **NR**