STATE OF ILLINOIS Form C-10

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

Travel Voucher

Illinois Mathematics and Science Academy
1500 Sullivan Road
Aurora, IL 60506-1000

Acct #

PO#

GAAP CODE 3700

1. Purpose of Travel	2. Traveler name and Address - Payee	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	12. Auto Reimburse-ment	13. Trans	14. Lodging	15. Meals or Per Diem	16. Other Expenses		17. Line Totals
	Place	Time	Place	Time		@ .575				Item	Amount	
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
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						$ --.--						$ --.--
						$ --.--						$ --.--
Is the traveler on the authorized driver vehicle report?					22. 0.0	23. $0.00	24. $0.00	25. $0.00	26. $0.00	Sub Totals	27. $0.00	

18. Exp. Obj.	19. Amount	20. CDFA	21. State License Plate No.	30. Traveler's Comments/Explanations	29. Total Amount	$ --.--
1291					Is this a Conference Hotel?	
1292					Were you provided meals?	
1295	$0.00				If YES, was per diem reduced to reflect the meals that were provided?	
28. Total Exp.	**$0.00**					

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's Signature	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, 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

Form Revised 1/1/2020