STATE OF ILLINOIS

Form C-10

DISPOSITION OF FORMS
1 - Comptroller
2 - Remittance
3 - Agency
4 - Traveller

TRAVEL VOUCHER

BOARD OF GOVERNORS FOR STATE COLLEGES AND UNIVERSITIES
CHICAGO STATE UNIVERSITY
95th & KING DRIVE
CHICAGO, ILLINOIS 60628

Do not mail, call Rose @ 2026 for pick-up

PURPOSE OF TRAVEL:

1. SOCIAL SECURITY NO. | ZIP CODE | TYPE CODE

2. TRAVEL NAME AND ADDRESS - PAYEE

3. VOUCHER NUMBER
4. VOUCHER DATE
5. APPROPRIATION ACCOUNT CODE NUMBER: LI0668
6. DEPARTMENT NAME: Library
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 Reimburs-ement @ .485	13. Trans	14. Lodging	15. Meals or Per Diem	16. Other Expenses Item	16. Other Expenses Amount	17. Line Totals
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--
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						$ --.--						$ --.--
						$ --.--						$ --.--
						$ --.--						$ --.--

Exp. Obj.	Amount
1291	
1292	
Total Exp.	$ --.--

18. State License Plate #

19.	20.	21.	22.	23.	24.	
--.-	$ --.--	$ --.--	$ --.--	$ --.--	Sub Totals	0.00
					25. Total Amount	$ --.--

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 detailed items charged within are taken and verified from a memorandum kept by me; 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.

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

27. Account Number	28. Account or Department Name	29. Approved Amount	30. Approved by
LI0668	LIS(AS)		