

NOTICE: All vouchers must be submitted prior to the 15th of each month for services rendered during the preceding month.

COUNTY USE ONLY	Invoice Voucher	AOIC USE ONLY
<b>Reimbursement Type: (check one)</b> <input type="checkbox"/> Grants-in-Aid <input type="checkbox"/> Pretrial <input type="checkbox"/> Salary Subsidy	Administrative Office of the Illinois Courts Probation Services Division 3101 Old Jacksonville Road Springfield, Illinois 62704	<b>Control Number</b>
<b>Number of Pays Annually/            Number of Pays in Month Claimed            (check one)</b> <input type="checkbox"/> 12/1 <input type="checkbox"/> 26/3 <input type="checkbox"/> 24/2 <input type="checkbox"/> 27/2 <input type="checkbox"/> 26/2 <input type="checkbox"/> 27/3		<b>Expenditure Object</b>  4471
<input type="checkbox"/> <b>Check Box if Supplemental Voucher</b>	County FEIN <input style="width:100px;" type="text"/> Zip Code <input style="width:100px;" type="text"/>  County Treasurer <input style="width:300px; height:40px;" type="text"/>	<b>Appropriation Number</b>  001-20105-1900-0100
<b>Claim Information</b> Month <input style="width:60px;" type="text"/> Year <input style="width:60px;" type="text"/> County <input style="width:150px;" type="text"/> Department <input style="width:150px;" type="text"/>	Address <input style="width:300px; height:60px;" type="text"/>  City <input style="width:250px;" type="text"/> , IL	<b>AOIC Certification</b>
		I certify that the services specified on this voucher were for the use of the Judicial Branch and that the expenditure for such services was authorized and lawfully incurred; that such services meet all the required standards set forth in the Probation and Probation Officers Act to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of the Governor's Office of Management and Budget Act have been met.
		By _____ Date _____

**Description of Claim**

NOTE: You may attach a print out for the following information, however, it is required that you follow the same layout.

Position Number	Probation/ Court Services Employee	Soc. Sec. Number	Annual Salary	Amount Paid in Month	Amount of Claim	AOIC USE ONLY
<b>VOUCHER TOTAL</b>					\$ <input style="width:100px;" type="text"/>	

**County Treasurer's Certification and Chief Circuit Judge's Approval**

"I,  Treasurer, do hereby certify that the payroll information herein is correct and acknowledge that the Chief Judge has certified that the services listed above were performed at his/her direction and are legally chargeable to the State of Illinois pursuant to Section 15 of the Probation and Probation Officer's Act (730 ILCS 110/15 (West 1996))."

County Treasurer's Signature	<input style="width:90%; height:30px;" type="text"/>	County	<input style="width:80%; height:30px;" type="text"/>	Date	<input style="width:80%; height:30px;" type="text"/>
Chief Circuit Judge's Signature	<input style="width:90%; height:30px;" type="text"/>	Circuit	<input style="width:80%; height:30px;" type="text"/>	Date	<input style="width:80%; height:30px;" type="text"/>