C	OUNTY USE ONLY	Invoice Voucher					AOIC USE ONLY	
Reimburs	sement Type: (check one)	Administrative Office of the Illinois Courts					Control Number	
Grants-	in-Aid	Probation Services Division 3101 Old Jacksonville Road Springfield, Illinois 62704						
Pre	etrial						Expenditure Object	
Salary Su	ıbsidy						4471	
If Supplemental							Appropriation Number	
Voucher, Ch	laim Information	County Code Zip Code					001-20101-1900-9900	
Month							001 20101 1300 3300	
WOTHER							AOIC Certification	
Year		for e					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	
County							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	
Department		, iL					Management and Budget Act have been met. By Date	
Description of Claim								Date
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 Employees	Days Worked	SSN Last 4 Digits	Annual Salary	Amount Paid in Month	Amount of Claim		AOIC USE ONLY
VOUCHER TOTAL \$							-	
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 Officer's Act (730 ILCS 110/15 (West 1996)."								
County Trea	surer's Signature			County	unty			Date
Chief Circuit	Judge's Signature	Circuit				Date		