

# Montgomery County, IL Travel Voucher

<b>TRAVELER:</b>			Voucher Date:	
Last Name:	First Name:	Middle I.	Employee #:	
<b>ADDRESS:</b>			Account #:	
			Office #:	
<b>Max Meal Rates</b> Max Meal Per Diem = \$28 per day			Lodging Allowance in Downstate Illinois \$60 to \$70 per day (see chart)	When Traveling in others areas of IL and out of State, Please refer to the Ordinance for Rate Limits

**Please Note:** If Meal/Lodging Rates exceed the rates listed above which were approved by the County Board, the Office or Designee must inform the County Clerk so that the Voucher will be placed on the County Board Agenda for Roll Call Approval before payment.

Date	Meetings Description	Per Diem/Meal Expense	Number of Miles @ \$0.53	Mileage Reimbursement	Lodging Expense	Other Mode of Transportation Expense	TOTAL LINES
				\$0.00			\$0.00
				\$0.00			\$0.00
				\$0.00			\$0.00
				\$0.00			\$0.00
				\$0.00			\$0.00
				\$0.00			\$0.00
				\$0.00			\$0.00
				\$0.00			\$0.00
				\$0.00			\$0.00
				\$0.00			\$0.00
<b>TOTALS:</b>		\$0.00	0	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>

TRAVELER CERTIFIES THAT SHE/HE IS DULY LICENSED AND CARRIES AT LEAST THE MINIMUM AUTO LIABILITY INSURANCE COVERAGE.

I certify that 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 there in charged for.

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.

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Holder or Designee Approval