COUNTY USE ONLY		Invoice Voucher					OSPS USE ONLY		
Reimbursement Type: (check one)		Office of Statewide Pretrial Services 850 East Madison Street, 3rd Floor Springfield, IL 62702					Control Number		
Pretrial							Expenditure Object		
If Supplemental							Appropriation Number		
Voucher, Check Box Claim Information		-County FEIN Zip Code							
Month		County					OCDS Combisions the		
		Treasurer					OSPS Certification		
Year County		Address					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 Pretrial Services 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		
Department		City , IL					and Budget Act have been met.		
		Description of Claim					By 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	% Pretrial Duties	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 Pretrial Services Act, 725 ILCS 185."									
County Treasurer's Signature				County			Date		
Chief Circuit	Judge's Signature	Circuit					Date		