С	OUNTY USE ONLY	Invoice Voucher					OSPS USE ONLY	
Reimbursement Type: (check one) Pretrial		Office of Statewide Pretrial Services 850 East Madison Street, 3rd Floor Springfield, IL 62702					Control Number Expenditure Object	
If Supplemental Voucher, Check Box Claim Information		-County FEIN Zip Code					Appropriation Number	
Month		County Treasurer					OSPS Certification	
Year County Department		fc e: la re to sl					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 and Budget Act have been met.	
		By Description of Claims					Ву	Date
Descript ion 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 Employees	Days Worked	% Pretrial Duties	Annual Salary	Amount Paid in Month	Amount of Claim		OSPS 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 their direction and are legally chargeable to the State of Illinois, pursuant to Pretrial Services Act, 725 ILCS 185."								
County Trea	surer's Signature	County				Date		
Chief Circuit	Judge's Signature	Circuit				Date		