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
		4471
If Supplemental Voucher, Check Box ☐	County FEIN Zip Code	Appropriation Number
Claim Information		001-20401-1900-0000
Month	County Treasurer	**OSPS Certification**
Year	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 and Budget Act have been met.
County		By Date
Department	City , IL	Verifed 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 Employees	Days Worked	% Pretrial Duties	Annual Salary	Amount Paid in Month	Amount of Claim	OSPS USE ONLY
					VOUCHER TOTAL	$ 0.00 -	

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 Treasurer's Signature ☐ County Date

Chief Circuit Judge's Signature ☐ Circuit Date