| COUNTY USE ONLY | Invoice Voucher | OSPS USE ONLY |
|---|---|---|
| Reimbursement Type: (check one) | Office of Statewide Pretrial Services<br>850 East Madison Street, 3rd Floor<br>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 | | |
| Department | City , IL | 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