

COUNTY USE ONLY		Invoice Voucher			OSPS USE ONLY		
Reimbursement Type		Office of Statewide Pretrial Services 850 East Madison Street, 3rd Floor Springfield, IL 62702			Control Number		
Pretrial							
If Supplemental Voucher, Check Box		County FEIN Zip Code			Appropriation Number		
Claim Information							
Month	County Treasurer			OSPS Certification 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.			
Year	Address						
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	Pretrial/Court Services Employees	Days Worked	% Pretrial Duties	Annual Salary	Amount Paid in Month	Amount of Claim	OSPS USE ONLY
VOUCHER TOTAL						\$ -	
<p align="center">County Treasurer's Certification and Chief Circuit Judge's Approval</p> <p>"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."</p> <div style="display: flex; justify-content: space-between;"> <div>County Treasurer's Signature _____</div> <div>County _____</div> <div>Date _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Chief Circuit Judge's Signature _____</div> <div>Circuit _____</div> <div>Date _____</div> </div>							