



## Illinois Department of Corrections

### Administrative Directive

Number: <b>02.37.110</b>	Title: <b>Travel Voucher (C-10)</b>	Effective: <b>12/1/2020</b>
-----------------------------	--	--------------------------------

<b>Authorized by:</b>	<i>[Original Authorized Copy on File]</i> <b>Rob Jeffreys</b> Acting Director
<b>Supersedes:</b>	02.37.110 effective 4/1/2014

<b>Authority:</b> 30 ILCS 105/12 730 ILCS 5/3-2-2 80 IAC 2800 Statewide Accounting Management System (SAMS)	<b>Related ACA Standards:</b> 5-ACI-1B-01, 5-ACI-1B-03, 5-ACI-1B-07, 5-ACI-1B-08, 5-ACI-1B-10, 5-ACI-1B-12
<b>Referenced Policies:</b>	<b>Referenced Forms:</b> C-10 – Travel Voucher C-13 – Invoice Voucher

#### **I. POLICY**

The Department shall ensure that travel expenses are submitted for payment on a Travel Voucher, C-10.

#### **II. PROCEDURE**

##### **A. Purpose**

The purpose of this directive is to establish a procedure for completing and processing reimbursable travel expenses and to ensure compliance with State of Illinois Travel Regulations as set forth by the Illinois Travel Regulation Council and the Department of Central Management Services (CMS) and approved by the Governor's Travel Control Board.

##### **B. Applicability**

This directive is applicable to all correctional facilities, offices, programs and parole services within the Department.

##### **C. Facility Reviews**

A facility review of this directive shall be conducted at least annually.

##### **D. Definitions**

Systems Applications and Products (SAP) – a cloud based solution designed to support and integrate almost every functional area of the following business processes: procurement of goods and services, finance, accounting and human resources that is utilized through the Enterprise Resource Planning (ERP) System platform.

##### **E. General Provisions**

1. Travel expenses shall be submitted monthly on one Travel Voucher, C-10. However:
  - a. A C-10 may be submitted more frequently if accumulated expenses become significant and approval is obtained from the Agency Travel Coordinator.
  - b. All travel shall be reported in the fiscal year in which it occurred, regardless of whether the travel was completed during the fiscal year.

	Illinois Department of Corrections Administrative Directive	Page 2 of 4
Number: 02.37.110	Title: Travel Voucher	Effective: 12/1/2020

- c. Travel that begins at the end of a month and continues into the next month shall be submitted on the C-10 for the month in which the travel ends except for travel in June that shall be reported in accordance with Paragraph II.D.1.b.
2. The C-10 shall be made available on the Intranet Statwide Forms site.
3. Direct billed expenses shall be included on the C-10.

**F. Requirement**

1. The C-10 shall be prepared in accordance with instructions on Attachment A.
2. At the end of the month during which travel occurred, the traveler shall:
  - a. Attach all receipts to the original C-10; and
  - b. Submit the C-10 to the facility Business Office.
3. Upon receipt of the C-10 from the traveler, the facility Business Office shall:
  - a. Audit the C-10 for accuracy and legibility.
  - b. Enter proper information in Field 5.
  - c. Obtain the proper signatures.
  - d. Enter Travel voucher information into the Systems Applications and Products (SAP) accounting system and record the document on the C-10 in the For Agency Use Only field.
  - e. Forward all C-10s for the previous month's travel to arrive on or before the 30th calendar day of the following month to the Fiscal Operations Accounts Payable Unit.

**EXAMPLE:** For all travel completed in December 2020, the vouchers shall be submitted in a timely manner as to arrive at the Fiscal Operations Accounts Payable Unit no later than January 30, 2021.

**NOTE:** Fields 3 and 4 shall be completed by the Fiscal Operations Accounts Payable Unit.

4. Upon receipt of a direct billed item, the travel payment to the vendor shall be processed as an Invoice Voucher, C-13, by the facility Business Office on SAP.
  5. Questions regarding the timing of the receipt of the warrant should be addressed to the facility Business Office.
-

	Illinois Department of Corrections Administrative Directive	Page 3 of 4
Number: 02.37.110	Title: Travel Voucher	Effective: 12/1/2020

## ATTACHMENT A

### TRAVEL VOUCHER COMPLETION INSTRUCTIONS

**Heading** Enter "Department of Corrections" and the name and location of the facility.

**Field 1** Enter traveler's Social Security Number. (Optional)

**Field 2** Enter traveler's name and the address to which the warrant should be mailed. (The name shall appear last name first, followed by first name or any initials or title.)

**Field 3 and 4** - Leave blank for completion by the Fiscal Operations Accounts Payable Unit.

**Field 5** Leave blank for completion by the facility Business Office.

**Field 6** Enter the headquarters location. (Include the street and city if the headquarters is not a correctional facility.)

**Field 7** Enter the city only of traveler's residence, unless the street address is also requested by the employing facility.

**Field 8** Enter the calendar year at the top of the column, and enter each date (month and day) travel occurred below.

**Field 9** Enter the place and the time of departure. (Use "A" for a.m. and "P" for p.m.)

**Field 10** Enter place and time of arrival.

**Field 11** Complete only if a private vehicle was used. Enter the current rate of auto mileage at the top of the column (see Travel Rates Table in Employee Services on the Intranet). Enter the number of miles driven on each line opposite the place and the time of arrival. After all entries for the month have been recorded, enter the subtotal of the mileage in Field 22 beneath the daily entries.

The traveler shall also include the following statement on the C-10 in Field 31:

"Certification of auto liability coverage on file."

**NOTE:** See Administrative Directive 02.37.101 for guidance on how to handle commuting mileage deductions.

**Field 12** If a personal vehicle was used; enter the auto reimbursement due on the same line as the subtotal mileage entry in Field 11. The reimbursement amount is the current rate entered at the top of Field 11 times the number of miles.

**NOTE:** When the mileage rate is not stated in whole cents, use three decimal places for computations entered in columns 12 and 17 on the travel voucher. The sub-totals for these columns may then be rounded to two decimal places. If the sub-total entered in box 22 is an odd number, it will not equal the sub-total in box 23 when multiplied by the reimbursement rate.

**Field 13** Enter transportation costs by public carrier.

**Field 14** Enter the total for each day's lodging on the same line as the date. If lodging was direct billed, mark DB next to the lodging expense and enter the vendor name as a reference note in Field 31.

**Field 15** Enter either per diem cost or meal expense, whichever is applicable. For employees working other than the standard 8:30 a.m. to 5:00 p.m. work shift and who are eligible for meal reimbursement enter a reference note in Field 31, stating the work shift.

**Field 16** Enter the miscellaneous expenses for each day on the line opposite the appropriate day. This column would

	Illinois Department of Corrections Administrative Directive	Page 4 of 4
Number: 02.37.110	Title: Travel Voucher	Effective: 12/1/2020

include items such as parking, tolls and gas expenses for a rental car. (Each expense shall be a separate entry.)

**Field 17** Total fields 12 thru 16 horizontally, including sub-total mileage, and enter the totals on the same line in Field 17.

**Fields 18 and 19** Separate all reimbursable expenses by the expenditure object codes shown in Field 18 and enter the total dollar amount for each on the appropriate line in Field 19. The expenditure object codes are:

- a. Code 1264 – Contractual Employee Travel Expenses;
- b. Code 1291 – In State Travel Reimbursement to Employees;
- c. Code 1292 – Out of State Travel Reimbursement to Employees; and
- d. Code 1295 – Mileage reimbursement to employees.

**NOTE:** Do not include direct billed items.

**Field 20** Enter the Catalog of Federal Domestic Assistance (CFDA) number, as applicable for grant purposes.

**Field 21** Enter the State vehicle license plate number if requested by the facility.

**Field 22** Enter the total mileage.

**Fields 23 through Field 27** Enter the subtotal of each field. Add fields 23 through 27 and enter the grand total in the box under Field 17. (The total of Field 17 should agree with this amount.)

**Field 28** Enter the total of the amounts in Field 19 to be reimbursed to the traveler.

**Field 29** Enter the total amount of all direct billed items and subtract this amount from the grand total of Field 17. Enter the difference, which is the net amount to be paid to the traveler, in Field 29. The total in Field 29 should agree with the total entered in Field 28.

**Field 30** Specifically state purpose of travel. (State business is not an appropriate response)

**Field 31** Enter all reference notes such as direct billed lodging, insurance statement, work shift, refused sack lunch, etc.

**NOTE:** RC 6 and CU 500 employees must include bargaining unit in field.

**Traveler's Signature** Enter the traveler's original signature and the date in the lower right corner of the Certification Section.

**Supervisor's Signature** Employee must obtain supervisor's original signature. Approved Agency Head field must be left blank for the Director's signature by the Fiscal Operations Accounts Payable Unit.