



PROPERTY TAX DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19033
SPRINGFIELD IL 62794-9033

County code: **20000** _____ or FEIN: _____ - _____

County treasurer's name and address

County treasurer's name _____

Address _____

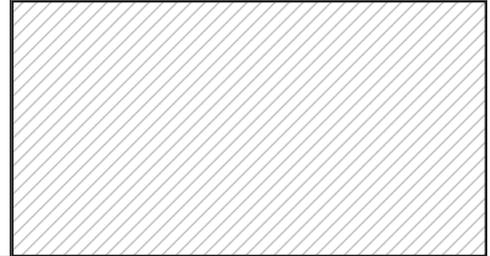
Address _____

City _____ IL _____ ZIP _____

Appropriation account code number

001-49210-4471-0100

IRS 1099 reporting No



Description of Claim

Reimbursement from the state of Illinois under 35 ILCS 200/3-40 for 50 percent of the salary paid to the supervisor of assessments in _____ County during _____ / _____ .
Month Year

Additional reimbursement during _____ / _____ .
Month Year
Please explain _____

Additional reimbursement during _____ / _____ .
Month Year
Please explain _____

Additional reimbursement during _____ / _____ .
Month Year
Please explain _____

Amount

EXP. OBJ.	Total expense amount	
4471	_____	

Total amount _____

County Treasurer's Certification

I certify that the amount of the claim described on this voucher is 50 percent of the salary paid to the supervisor of assessments in

_____ County

during _____ / _____ .
Month Year

County treasurer's signature _____

_____/_____/_____
Month Day Year

Supervisor of Assessments' Certification

I certify that the amount of the claim described on this voucher is 50 percent of the salary which was paid to me for service as the supervisor of assessments in

_____ County

during _____ / _____ .
Month Year

Supervisor of assessments' signature _____

_____/_____/_____
Month Day Year

