An Example Guide for Filling Out Your Travel Voucher

Date of meeting

Committee meeting attended

Starting Point

Destination

Time left for meeting and returned.

Required for meal reimbursement.

Distance Travelled

Receipt required for lodging reimbursement

Staple Receipts Here (Face Up) — SEE INSTRUCTIONS ON PAGE 4 — LAST REVISION 02-07-08 — Form 9300-139L Rev. 02-08 — Page 1

Mth / Day	Official Business State Business Purpose of Trip	FUND	ACTV	OBJT	Home Station From	Home Station To	Time of Depart AM or PM	Time of Return AM or PM	Private Vehicle Miles	Private Vehicle Rate	Private Vehicle Amount	Lodging * Use (X) if Direct Billed	Meals Incl. Tax & Tip Morn.	**	Noon	Even.	Other Allowable Items	Amount	5090 Non-Taxable Total for Day	5080 Taxable *** Total for Day
10/22/10	Warm Water				Milwaukee	Stevens Point	6:00AM	overnight	156	0.40	$62.40	$70.00	$6.00		----	$10.50				$148.90
10/23/10	Warm Water				Stevens Point	Milwaukee	overnight	10:00AM	156	0.40	$62.40									$62.40
11/16/10	Rules & Res				Milwaukee	Stevens Point	5:30AM	6:00PM	312	0.40	$124.80	----	$6.00		----					$130.80
																				TOTAL

	624	0.40	$249.60	$70.00	$12.00		----	$10.50			
TOTALS											

* For overnight stay and no lodgeing charges, mark box with N/C.

** "X" box if home packed

*** Taxable travel includes:

1) Meals not preceeded or followed by an overnight stay away from home.

2) Certain moving expenses. See your Finance Office.

Less Travel Advance	
Net Amount Due	$342.10

Reimbursement Rates:

Lodging: $ 70.00 (Please Note: overnight lodging for committee meetings will not be reimbursed in 2012)

Mileage: $ 0.35 per mile (Please Note: reimbursement rate is reduced from $0.40 for 2012)

Meals: $ 6.00 Breakfast (must have left home before 6:00 AM)
$ 7.00 Lunch (must have left home before 10:30 AM and returned after 2:30 PM)
$ 13.00 Dinner (must return home after 7:00 PM)

Delegates are eligible for reimbursement for committee meetings. Delegates are not eligible for reimbursement for District Meetings, Spring Hearings, or the Annual Convention.

An Example Guide for Filling Out Your Travel Voucher

Department of Natural Resources
TRAVEL VOUCHER
Form 9300-139L Rev. 02-08

Document Number
TL370

__ Perm, Seas, Proj __ LTE
__ Non-State Employee

Civil Service Title

Employee Name (Last, First M.I.) Doe, John A.

Home Station Address/Bureau - Floor 123 Downtown Avenue

City, State, Zip Code Milwaukee, WI 53201

Social Security NO. LAST FOUR DIGITS ONLY 000-00-4321

Bargaining Unit (Alpha)

Travel for: Month-Year October and November

Page 2

Justification of Exceptions:

Warm Water meeting in Stevens Point, 10/22/10.

Rules and Resolutions meeting in Stevens Point, 11/16/10.

Note: If you are a new delegate or have not submitted a request for reimbursement previously, you will need to submit a W9 tax form so that your social security number is on file with the state in order to be reimbursed.

		OBJT	Sub Objt	Project Number	Bal Sheet	Amount	
							debit
							debit
							debit

TOTAL From Front

Less: Travel Advance (IF ANY)

01		370		991B		3615	credit
					Net Reimbursement	$342.10	

Bargaining Unit:	Alpha Code
State Engineering Association (SEA)	ENG
Wisconsin Education Association Council (WEAC)	EDUC
Wisconsin Professional Employees Council (WEAC)	FSS
(Fiscal and Staff) (WPEC)	
Wisconsin Science Professionals (WSP)	SCI
Wisconsin State Attorneys Association (WSAA)	LEG
Wisconsin State Employees Union (WSEU)	
- Security and Public	SPS
- Technical	TECH
- Blue Collar	BC
- Administrative Support	ASU
Non Represented and 05 Project	NR

Vouchers must be filled out completely, signed, and dated. Incomplete vouchers will be returned causing a delay in reimbursement.

Travel vouchers are to be turned in within 45 days of the meeting.

Send completed vouchers to Kari Lee-Zimmermann (LS/8), Wisconsin DNR, PO Box 7921, Madison, WI 53707-7921.

CLAIMANT'S STATEMENT, S. 16.53, Wis. Stats.: I declare, under penalties of perjury, that this account of travel expenses is true and correct and in conformity with applicable Wisconsin statutes and related travel guidelines and instructions or pertinent collective bargaining agreements. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of my official duties and no portion of my claim was provided free of charge or covered by a special registration fee, or previously reimbursed to me by the State of Wisconsin or any other source.

Claimant's Signature: John A. Doe — M|M|D|D|Y|Y 11/30/10

Supervisor's Attestation: I certify that I have reviewed this travel claim and find it to be reasonable, proper, and in conformity with applicable statutes, travel guidelines, and/or collective bargaining agreements, to the best of my knowledge.

Supervisor's Signature: — M|M|D|D|Y|Y

Bureau Director/Regional Director Approval: Required for travel vouchers exceeding $500.00.

Bureau Director/Regional Director's Signature: — M|M|D|D|Y|Y

Audited pursuant to Chapter 16 of the Wisconsin Statutes and allowed in accordance with the provisions of Chapter 20 as shown above. Certified to the State Treasurer payable from fund shown above. Materials and/or services claimed certified as having been received or delivered.

Secretary, Wisconsin Department of Natural Resources