	TRAV	EL EXPE	NSE REIMBURSEMENT FO	RM		
			Poverty, University of Wiscon		lison	
	Please	submit by /	April 12, 2019 to facilitate proce	ssing.		
Traveler Name:						
Address: check will be sent to address on Non- Employee Set-Up						
form				- -		
E-mail:			Phone:			
Residency (mark one):	U.S. Resident	OR	Legal Resident of (country):			··-···
First Date of Travel:					Network Meeting/ ANN	
Last Date of Travel:				March 6-8,	ax, and Transfer Polici , 2019	es network
			t to the travel reimbursement policies		•).
1) We will only reimburse you	, , ,		e of expense will help to expedite you oursed for your expenses, have your emplo			nd a W-9 form.
	nal reimbursement, we need to have a Non			yer oublinit		
3) If you are not a U.S. citizer	n or permanent resident, special arrangeme	ents may need t	to be made for reimbursement. Please cont	act Dana C	onnelly, dana.connelly@	∮wisc.edu,
for more information.						
TRANSPORTATION					-	
, , , ,		•	nber, class of travel, date of purchase, amo ess trip, please contact Dana Connelly, dar			6358.
before making any arrang	gements.					,
'	are not reimbursable, but are included in th travel on intercity trains, buses and taxis, w		•			
Date of Expense	From To:		Mode of Transportation (Air, Bus, Ta	xi)	Merchant	Enter Amount Spent
Ex. 1/15/12	Ex. "airport to hotel"		airline fare		United Airlines	\$355.00
					Total	
MILEAGE (for private	ly owned vehicle)				Totai	
Date of Expense	Originating Location Destinat	ion:	Enter Number of Miles		Rate	Amount Reimbursed
Ex. 1/15/12	(home to airport)		13			
					0.540	
					0.540	
					Total	
VEHICLE RENTAL Required use of National and	Enterprise UW contracts. Please contact	Dana Connellv	(dana.connelly@wisc.edu or (608) 262-635	8 prior to m	aking anv car rental res	ervation.
Date of Expense	Location		Date Out	Date Returned	Merchant	Enter Amount Spent
	L			1	Total	

MEALS and INCIDENTAL EXPENSE

The meals and some incidental expense allowance is based on per diem; no receipts required.

First and last travel days will be reimbursed at a rate of 75%. Meals provided at event will be deducted from the per diem.

Incidentals covered in the Per Diem rate: fees and tips to service staff, transportation to obtain meals, phone calls, laundry/dry cleaning, postage related to expense report

Location	A d j u st m e n t s Circle <u>First & Last</u> Day of Travel	Base Per-Diem Rate	Total Per-Diem
Philadelphia, PA	First Day / Last Day	61.00	FOR
Philadelphia, PA	First Day / Last Day	61.00	OFFICE
Philadelphia, PA	First Day / Last Day	61.00	USE
Philadelphia, PA	First Day / Last Day	61.00	
		for Office Use Only	
Location Type of Expense			Enter Amount Spent
		Total	
	Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA (parking, tolls, baggage fees, gasoli claims over \$25.00. Scanned copies are accep	Location Circle First & Last Day of Travel Philadelphia, PA First Day / Last Day Claims over \$25.00. Scanned copies are acceptable	Location Circle First & Last Day of Travel Per-Diem Rate Philadelphia, PA First Day / Last Day 61.00 Clariton Type of Expense Type of Expense

Claimant's Statement:

I declare this account of travel expenses is accurate. The expenses are actual, reasonable and were personally incurred.

Claimant Signature:

Return completed form to:

Institute for Research on Poverty Attn: Events Coordinator 1180 Observatory Drive, Room 3412 Madison, WI 53706-1320 dana.connelly@wisc.edu 608-262-6358

Receipt Requirements

Travelers are responsible for providing receipts as follows:

Any Expense Regardless of Amount

- Airline, Train Tickets
 Airline change/cancel fees
 Vehicle Rental Agreement/Receipts
- Lodging Receipts/Folios Rental car gas

Expenses Over \$25

- Airline baggage
- Parking
 Taxis, Shuttles, Car Services
- Bus/Subway Business Internet
- Tolls