The Council of State Governments Reimbursement Request Form

Name:	 Return To:	PLEASE TAPE ALL SMALL
Address:	 The Council of State Governments	RECEIPTS TO THE BACK OF
	 Midwestern Office	THIS FORM OR ANOTHER
	 P.O. Box 981	8x11 SHEET OF PAPER.
	 Sheboygan, WI 53082-0981	STAPLE ALL SHEETS
Telephone:	 Questions: 920-803-9976	TOGETHER.
		5

WI Leg Committee Yucca Mountain Tour Business Las Vegas, NV; December 5, 2006 Purpose:

Date	Location	Rental Car ¹	Total Airfare ²	Mileage	Per Diem ³	Lodging	Travel ⁴	Other ⁵	Total
				x 0.445 =					
				x 0.445 =					
				x 0.445 =					
				x 0.445 =					
				x 0.445 =					
				x 0.445 =					
Totals									

¹Expenses for rental car should not exceed that of similar cab fare. Only rates up to a mid-size car level will be approved. <u>Attach receipt</u>.
²Enter the total cost of airline tickets in this column. <u>Attach receipt</u>.
³See the instructions for a note regarding tips. Please subtract \$18 on the 5thfor lunch (provided). Please also subtract \$12 for breakfast each day (provided).
⁴Include all travel-related items (e.g., parking, tolls, taxi). <u>Attach receipts</u>.
⁵Include state and local taxes. <u>Attach receipts</u>.

I hereby certify that the above expenditures represent cash spent for legitimate company business only and include no items of a personal nature.

Signed:

Date:

CSG USE ONL	Y		
Cost Center	A/C#	Amount	Approved by:
02-09-00-5071- TOTAL TO BE		\$ \$	



The Council of State Governments

Reimbursement Request Form Instructions

BusinessWI Leg Committee Yucca Mountain TourPurpose:Las Vegas, NV; December 5, 2006

- 1. Print name, address, and telephone number.
- 2. Date: Use a separate row for each date.
- 3. Location: Enter point of origin and destination for each day of travel.
- 4. Rental Car: Expenses should not exceed that of similar cab fare. Attach your original receipt to the form.
- 5. Airfare: Attach your original receipt to the form.
- 6. Mileage: Mileage will be reimbursed at \$0.445 per mile. Calculate from point of origin (home or office) to destination. Enter each day separately.
- 7. Per diem: The federal rate for meals and incidental expenses in Las Vegas is \$64 per day. Please subtract \$18 on the 5th for lunch (provided) and \$12 for breakfast for each day (provided). No receipts are needed for meal expenses. Partial days should be calculated according to time of departure and time of return based on the following schedule:

	Traveling to Las Vegas	Returning from Las Vegas
12:01 a.m. to 6:00 a.m.	\$64	\$16
6:01 a.m. to 12:00 p.m.	\$48	\$32
12:01 p.m. to 6:00 p.m.	\$32	\$48
6:01 p.m. to 12:00 a.m.	\$16	\$64

Clarification of tips: Please note that, according to federal travel regulations, "incidental expenses" include tips "to porters, baggage carriers, bellhops, [and] hotel maids.... Tips related to meals are covered as part of your per diem meals expenses." Tips for business-related transportation (e.g., airport shuttle) should be listed under "Other."

- 8. Lodging: Hotel expenses will be reimbursed at a maximum of **\$99 per night, not including tax**. (Itemize taxes under "Other.") Attach your original receipt to the form.
- 9. Travel: Include parking, tolls, taxi, etc. Attach your original receipts.
- 10. Other: Include state and local taxes, telephone, and miscellaneous supplies in excess of the customary incidental amount. Attach your original receipts (if applicable).
- 11. **REMEMBER TO SIGN THE FORM.** Tape all small receipts to the back of the form or another 8.5 x 11 sheet of paper before sending. Staple all sheets together.
- 12. Return to CSG Midwest at the address on the form.

If you have any questions about these instructions, please contact Lisa Janairo at 920-803-9976.

