Wisconsin Legislative Council - Public MemberTravel Voucher
STAPLE RECEIPTS ON REVERSE SIDE
DOA-6107E (R12/2013)
s. 16.53, Wis. Stats.

| SSN (Must be provided for payment to be made) |  |  |
| :--- | :--- | :--- |
| Email |  |  |
| City | WI Zip + 4 | Her |

Headquarters or Home Station Madison, WI


Date
Claimant's Name (if sending electronically) or Signature
Reset Form

I certify that this travel claim is reasonable, proper, and in conformity with applicable statutes, travel schedule amounts, and/or collective bargaining agreements. Audited in accordance with $\S 16.53$ Wis.Stats. and allowed by the provisions of Wis. Stat. Ch. 20.

Instructions on reverse side

## REIMBURSEMENT OF MEETING EXPENSES FOR PUBLIC MEMBERS

OF JOINT LEGISLATIVE COUNCIL COMMITTEES

1. Please file your voucher as soon after the end of the meeting as possible. More than one month's expenses may be claimed on a single voucher. If you submit multiple vouchers for more than one month's expenses, the expenses will be combined so that only one check is written. Keep a record of your travel expenses for your personal and tax use.
2. Carefully read the table at right, paying particular attention to the (a) requirements that you provide your Social Security number, address, and sign the voucher, (b) maximum allowable reimbursement rates and what those maximums include, and (c) receipt requirements for lodging and transportation. Ask for government discounts for lodging (tax-exempt). A special identification card is issued to you for this purpose. Meals and lodging maximums are listed on the table. If you have questions, call Anglinia Washington at (608) 504-5705.
3. Submit travel vouchers to:

Legislative Council
One East Main Street, Suite 401
Madison, WI 53703-3382
Or email to:
anglinia.washington@legis.wi.gov
Blank vouchers are available on your committee's webpage,
http://legis.wisconsin.gov/lc (choose the study committees ->2022Interim).

6/30/2024

| HEADING ON VOUCHER FORM | EXPLANATIONS/INSTRUCTIONS | MAXIMUM \$ | RECEIPT REQUIRED |
| :---: | :---: | :---: | :---: |
| Name \& Address | Required PRINT name and full address (with zip code). Cannot process your reimbursement without it. |  |  |
| Social Security Number | Required for the State's accounting system and for certain IRS requirements. Cannot process your reimbursement without it. |  |  |
| Date | Insert travel and meeting dates. |  |  |
| Official Business (purpose of trip) | List proper committee name. |  |  |
| Travel Points - From/To | Home city/meeting city and return. |  |  |
| Hdqs. Time - Depart/Return | Time you left/time you arrived. |  |  |
| Mileage (personal vehicle usage) | Call Anglinia Washington (608-504-5705) if you have questions. | 51¢ | No |
| Fare (for private aircraft, train, bus) | Prior approval required: Private aircraft reimbursed at mileage rate for personal vehicle. <br> Bus or train - ticket stub. | 51c <br> Lowest rate. | Yes <br> Yes |
| Room | When making reservations, use business address. Ask for government rates (tax-exempt). Original receipt required. Milwaukee, Racine \& Waukesha counties. | $\begin{gathered} \$ 98 \\ \text { (excluding } \\ \text { tax) } \\ \$ 103 \end{gathered}$ | Yes <br> Yes |
| Meals <br> Morning <br> Noon <br> Evening | REIMBURSED MEALS MAY BE TAXABLE INCOME IF YOU DO NOT STAY OVERNIGHT AND MUST BE REPORTED TO THE IRS. (Consult your tax advisor.) <br> Meal limitations: Morning - leave home before 6:00 a.m.; Noon - leave before 10:30 a.m., return after 2:30 p.m.; Evening return home after 7:00 p.m.* (the cost of alcoholic beverages is not reimbursable) *Times also apply if no overnight stay is required. | $\begin{gathered} \text { (including tax } \\ \text { \& tip) } \\ \$ 10 \\ \$ 12 \\ \$ 23 \end{gathered}$ | No |
| Other Allowable Expenses Tips-lodging <br> Taxis, limos Parking | Per overnight at hotel/motel: <br> **\$2 per day of arrival, $\$ 2$ per day of departure, plus $\$ 2$ per <br> night of stay <br> Receipt if over \$25 one way. (Use shuttles.) <br> Receipt if over \$25 per day. (Use municipal ramp/lot.) | \$2** | No <br> Yes <br> Yes |
| Date (on signature line) | Date you submit voucher for reimbursement. |  |  |
| Claimant's Name/Signature | Required for processing; name if sending electronically. |  |  |

