Wisconsin Legislative Council - Public MemberTravel Voucher

DOA-6107E (R12/2013)

s. 16.53, Wis. Stats.

Name (Required)							SSN (Mus	t he provide	ed for payme	nt to be ma	de)		I		
Name (Nequi	ieu)							t be provide	u ioi payine		ue)				
Address (Ser	nd Check)						Email								
							City				Zip + 4		Headquarters	or Home St	ation
		•				1				WI			Madison, WI		
FY	Fund 10000	BU 76506		tment 50000	Approp	Acc	ount								
	10000	/0300	/0300	50000									Totals		
	OFFICIAL BUSINESS					r			1						TOTAL
	(Committe		TRAVEL	POINTS	HDQS	. TIME	Personal Vehicle		MEA	LS, includi	ng tips	01	EXPENSES	522	FOR DAY
DATE	EXPLAIN PURF	POSE OF TRIP	FROM	ТО	DEPART	RETURN	MILES	LODGING	MORNING	NOON	EVENING	ITEM		AMOUNT	
**rates effective 6/30/24 Sub Totals					Totals										
				*مام	*select vehicle or			Miles at	0.510	per mile Vehicle =			TOTAL MILEAGE COSTS		
motorcycle milea							Miles at 0.285 per mile Motorcycle =								
					-								тот	ALS	
														-	

CLAIMANT'S STATEMENT S. 16.53, Wis. Stats.

I declare, under penalties of perjury, that all claimed travel expenses are true and correct and are in conformity with Wis. Stat. 16.53 and related agreements. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of official duties and no portion was previously reimbursed to me by the State or any other source.

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

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 §16.53 Wis.Stats. and allowed by the provisions of Wis. Stat. Ch. 20.

TOTALS TOTAL EXPENDITURE NET AMOUNT DUE

Date Supervisor's Signature

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, <u>http://legis.wisconsin.gov/lc</u> (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	
<i>Fare</i> (for private aircraft, train, bus)	Prior approval required : Private aircraft reimbursed at mileage rate for personal vehicle.	51¢	Yes	
	Bus or train - ticket stub.	Lowest rate.	Yes	
Room	When making reservations, use business address. Ask for government rates (tax-exempt). Original receipt required.	\$98 (excluding	Yes	
	Milwaukee, Racine & Waukesha counties.	tax) \$103	Yes	
Meals Morning Noon Evening	REIMBURSED MEALS MAY BE TAXABLE INCOME IF YOU DO NOT STAY OVERNIGHT AND MUST BE REPORTED TO THE IRS. (Consult your tax advisor.) 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.	(including tax & tip) \$10 \$12 \$23	No	
Other Allowable Expenses Tips-lodging	Per overnight at hotel/motel: **\$2 per day of arrival, \$2 per day of departure, plus \$2 per night of stay	\$2**	No	
Taxis, limos Parking	Receipt if over \$25 one way. (Use shuttles.) Receipt if over \$25 per day. (Use municipal ramp/lot .)		Yes Yes	
Date (on signature line)	Date you submit voucher for reimbursement.			
Claimant's Name/Signature	Required for processing; name if sending electronically.			