TRAVEL EXPENSE REIMBURSEMENT FORM

Institute for Research on Poverty, University of Wisconsin-Madison

Please submit within 30 days of end of travel to facilitate processing.						
Traveler Name:						
Address:		. <u></u>				
(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:			FrameWorks Workshop S	eries		
			Madison, WI			
Last Date of Travel:			-	-		
	The Institute for Research on Poverty is so Staying within the guidelines for each	ubject to the travel reimbursement policies the type of expense will help to expedite you		n.		
2) If you are asking for perso	u or your employer, not both. To have your employer nal reimbursement, we need to have a Non-Employ n or permanent resident, special arrangements may	ree Profile Set-up Form.				
TRANSPORTATION	(taxis, bus, train)					
If airfare itinerary include: 262-6358, before making any Taxi fares to restaurants	eceipt should list: passenger name, trip itinerary, tick is side-trips or extended days in addition to your IRP or arrangements. are not reimbursable. They are covered under the Natravel on intercity trains, buses and taxis, when claim	business trip, please contact Dana Connelly, dan Meals and Incidental Expense Per-Diem				
Date of Expense	From To:	Mode of Transportation (Air, Bus, Tax	xi) Merchant	Enter Amount Spent		
Ex. 1/15/12	Ex. "airport to hotel"	airline fare	United Airlines	\$355.00		
WU-FACE	//		Total			
MILEAGE Date of Expense	(for privately owned vehicle) Originating Location Destination:	Enter Number of Miles	Rate	Amount Reimbursed		
Ex. 1/15/12	(home to airport)	13		7.11041111111111111111111111111111111111		
			0.58			
			0.58			
			Total			
VEHICLE RENTAL						
	Enterprise UW contracts. Please contact Dana Con	nnelly (dana.connelly@wisc.edu or (608) 262-635	Date			
Date of Expense	Location	Date Out	Date Returned Merchant	Enter Amount Spent		
			Total			

MEALS and INCIDE	ENTAL EXPENSE			
	al expense allowance is based on per diem; no receipts re	equired.		
First and last travel days wil	I be reimbursed at a rate of 75%. Meals provided at every	ent 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, postag	ge related to expense re	eport
Date of Travel	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
	Madison, WI	First Day / Last Day	61.00	FOR
	Madison, WI	First Day / Last Day	61.00	OFFICE
_	Madison, WI	First Day / Last Day	61.00	USE
	Madison, WI	First Day / Last Day	61.00	
	for Office Use Only			
TRAVEL INCIDENTAL	_S (parking, tolls, baggage fees, gasoling	ne, internet fee)		
Receipts are required for all in	cidental claims over \$25.00. Scanned copies are accept	able		
Date of Expense	Location	Type of Expense		Enter Amount Spent
	Total			
Did you submit your Non-Emp	lovee Profile Set Un Form? Yes No			

Claimant's Statement:

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

Claimant Signature:

Institute for Research on Poverty Return completed form to:

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