

TRAVEL EXPENSE REPORT

Institute for Research on Poverty, University of Wisconsin–Madison

Please submit by **July 25, 2019** to facilitate processing. Expense reports not submitted within **60 days of end of travel** cannot be reimbursed.

Traveler Name: _____

Mail check to: _____

(Use this 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: _____

Purpose of Trip: **Summer Research Workshop**

Location: Institute for Research on Poverty

Last Date of Travel: _____

1180 Observatory Drive, Rm 3412
 Madison, WI 53706

The Institute for Research on Poverty is subject to the travel reimbursement policies of the University of Wisconsin.
 Staying within the guidelines for each type of expense will help to expedite your travel reimbursement.

- 1) We will only reimburse you or your employer, not both. To have your employer reimbursed for your expenses, have your employer submit an itemized invoice and a W-9 form.
- 2) If you are asking for personal reimbursement, we need to have a Non-Employee Profile Set-up Form.
- 3) If you are not a U.S. citizen or permanent resident, special arrangements may need to be made for reimbursement. Please contact Dana Connelly, dana.connelly@wisc.edu, for more information.

TRANSPORTATION

- 1) The original passenger receipt should list: passenger name, trip itinerary, ticket number, class of travel, date of purchase, amount of fare, and proof of payment
- 2) If airfare itinerary includes side-trips or extended days in addition to your IRP business trip, please contact Dana Connelly, dana.connelly@wisc.edu or (608) 262-6358, before making any arrangements.
- 3) Please utilize complimentary airport bus or shuttle service between terminal facilities and hotels, when possible. Taxi fares to restaurants are not reimbursable.

| Date of Expense | From _____ To: _____ | Mode of Transportation (Air, Bus, Taxi) | Merchant | Enter Amount Spent |
|---------------------------------------|-------------------------------|---|------------------------|--------------------|
| <i>Ex. 1/15/12</i> | <i>Ex. "airport to hotel"</i> | <i>airline fare</i> | <i>United Airlines</i> | <i>\$355.00</i> |
| | | | | |
| | | | | |
| | | | | |
| (if air travel) Ticket Number: | | | Total | |

MILEAGE (for privately owned vehicle)

| Date of Expense | Originating Location ____ Destination: ____ | Enter Number of Miles | Rate | Amount Reimbursed |
|--------------------|---|-----------------------|-------|-------------------|
| <i>Ex. 1/15/12</i> | <i>(home to airport)</i> | <i>13</i> | | |
| | | | 0.580 | |
| | | | 0.580 | |
| Total | | | | |

VEHICLE RENTAL

UW travel regulations are especially restrictive with regard to car rental. Please contact Dana Connelly (dana.connelly@wisc.edu or (608) 262-6358) if you plan to claim car rental.

| Date of Expense | Location | Date Out | Date Returned | Merchant | Enter Amount Spent |
|-----------------|----------|----------|---------------|----------|--------------------|
| | | | | | |
| Total | | | | | |

MEALS and INCIDENTAL EXPENSE

The meals and some incidental expense allowance is based on per diem; **no receipts required**. Base Per diem, Madison, WI: \$59.00
 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

| Date of Travel | Location | Adjustments <i>Circle: First / Last Day of Travel</i> | Base Per-Diem Rate | Total Per-Diem |
|----------------|-------------|--|----------------------------|----------------|
| | Madison, WI | First Day | 61.00 | For |
| | Madison, WI | First Day Last Day | 61.00 | |
| | Madison, WI | First Day Last Day | 61.00 | Office |
| | Madison, WI | First Day Last Day | 61.00 | |
| | Madison, WI | Last Day | 61.00 | Use |
| | | | for Office Use Only | |

TRAVEL INCIDENTALS (parking, tolls, baggage fees, gasoline, internet fee)

| Date of Expense | Location | Type of Expense | Enter Amount Spent |
|-----------------|----------|-----------------|--------------------|
| | | | |
| | | | |
| | | | Total |

Did you submit your Non-Employee Profile Set Up Form? Yes No **Total Requested Reimbursement \$**

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