

**NON-STATE EMPLOYEE TRAVEL REIMBURSEMENT REQUEST**

**NOTE:** For assistance in completing this form, contact your supervisor.

FY	Travel Voucher Number	Vendor Number	Invoice Number	Invoice Amount	Invoice Type <input type="checkbox"/> Blank = normal <input type="checkbox"/> 2 = credit <input type="checkbox"/> 3 = manual
			T	Month / Year	
Org. No.	Organization Name	Name – Claimant	Home Address – Claimant (Complete)		

Audit pursuant to Chapter 16, of the Wisconsin Statutes and allowed in accordance with the provisions of Chapter 20 as shown. Certified to the State Treasurer payable from the Fund shown.

**SIGNATURE** \_\_\_\_\_ Date Signed \_\_\_\_\_

Line	Apptn.	Account	Center	Amount	Sign Code	Error Message Code
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1. GENERAL INSTRUCTIONS

- a. This form is intended for **NON-EMPLOYEES** of DHS and attached Boards
- b. Print legibly using black or blue pen or type.
- c. After completing and signing your travel voucher, **SUBMIT ORIGINAL**, to your supervisor or coordinator for signature. Retain one copy, if you wish, for your personal records.
- d. Staple required receipts to the itinerary side, where indicated. Receipts are required for lodging and for other items identified in the Pocket Travel Guide.  
Receipts must be original. CREDIT CARD SLIPS ARE NOT ALLOWED.

2. REQUIRED INFORMATION: **All applicable itinerary information must be completed**, including claimant and supervisor signatures, plus the following side information.

- a. Claimant's Vendor Number
- b. Organization Number and Name
- c. Claimant's Name (**Legibly Printed**)
- d. Claimant's Home Address

NOTE: Vendor Number information is required for payment and 1099 processing. If Vendor Number information is not provided, delays in payment processing can occur.

3. MEALS INCLUDING TIPS: Record actual reasonable and necessary out-of-pocket expenses incurred for meals in the performance of official duties. The expense amount (including tax and tip) should not exceed maximum rated allowed. \*\*

4. PERSONAL VEHICLE USE

- a. Record round trip mileage between starting point and destination
- b. Mileage should be claimed at amount shown in the "Pocket Travel Guide".

\*\* See "Pocket Travel Guide" for a summarization of the state's travel guidelines and allowable maximums.

KEYERS ONLY

Entered By \_\_\_\_\_ Date – Entered \_\_\_\_\_

■ STAPLE RECEIPTS HERE – FACE UP

NOTE: Identify all items billed directly to the Department with an asterisk (\*)

Headquarters City

Date Mo. / Day	OFFICIAL BUSINESS (Clearly explain purpose of trip)	ITINERARY From - To	HEADQUARTERS TIMES		TRANSPORTATION		LODGING	MEALS, INCLUDING TIPS			OTHER ALLOWABLE EXPENSES		TOTAL EXPENSE
			Leave	Return	Miles	Fare		Morning	Noon	Evening	Item	Amount	
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