DEPARTMENT OF HEALTH SERVICES

NON-STATE EMPLOYEE EXPENSE REPORT

STATE OF WISCONSIN

Division of Enterprise Services F-80190 (09/2024)

Note: Fo	Note: For assistance in completing this form, refer to the back of this form or contact your supervisor.												Voucher Number – Internal Use				
Name -	Name – Claimant													Vendor Number			
Address	to Send Check						Dept. ID		Invoice Date	е							
	Official Business		Itinerary		Travel Time			or Fare	Lodging*		Meals		Other Expenses*		Total		
Mo/Day	Purpose of Trip		From – T	o Leav	e R	eturn	Miles	Fare		Morning	Noon	Evening	Item	Amount	. ota.		
					am	am											
					pm	pm											
					am	am											
					pm	pm											
					am	am											
					pm	pm											
				•		Totals											
		Miles @	10	mile = Total Mileage Cost					Total Expenditures								
*Receipt required Net Amount Due																	
were inc actual, re performa	e, under penalties o curred in conformity easonable and nec ance of duties requ been received from	statutes and reg s incurred perso ervices. Paymer	s. Thes the or free	Audit pursuant to Wis. Stat. ch. 16 and allowed in accordance with the provisions of Wis. Stat. ch. 20 as shown. Certified to the state treasurer payable from the fund shown. I certify that I have reviewed this travel claim and find it to be reasonable, proper and in conformity with applicable statutes and travel schedule amounts.							the fund asonable, nounts.						
SIGNATURE - Claimant Date Signed									SIGNATURE – Supervisor (indicates OK to Pay)					Date Signed			
STAR Accounting System Coding – DHS Staff Use Only														eyed into ST	AR by		
Line	Amount	Fund	Appr	Department	Accou	nt F	rogram	F	Project		Activity						
1													Date Keyed		ed		
2																	

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A. GENERAL INSTRUCTION

- This form is intended for NON-EMPLOYEES of state departments and attached boards.
- 2. Fill in via computer or print legibly using a black or blue pen.
- After completing and signing the Expense Report, SUBMIT ORIGINAL to your supervisor/course organizer for signature. Retain one copy for your records.
- Staple required receipts to the side of the Expense Report Receipts are required for lodging and other items identified in the Pocket Travel Guide. Receipts must be originals.

CREDIT CARD SLIPS ARE NOT ALLOWED.

B. REQUIRED INFORMATION

All applicable itinerary information must be completed, including claimant and supervisor signatures, as well as the following information:

- Organization number and name
- Claimant's name
- Claimant's home address

C. 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 tips) should not exceed maximum rates allowed.

D. PERSONAL VEHICLE USE

- 1. Record roundtrip mileage between starting point and destination.
- Mileage should be claimed at the amount shown in the Pocket Travel Guide.*
 - * See Pocket Travel Guide for a summarization of the State's travel guidelines and allowable maximums.

MEAL REIMBURSEMENT RATES – Effective November 1, 2023 In State									
Breakfast	\$10	(leave at or before 6 a.m.)							
Lunch	\$12	(leave at or before 10:30 a.m. and return at or after 2:30 p.m.)							
Dinner	\$23	(home/headquarter's city at or after 7 p.m.)							
Out of State									
Breakfast	\$11	(leave at or before 6 a.m.)							
Lunch	\$17	(leave at or before 10:30 a.m. and return at or after 2:30 p.m.)							

(home/headquarter's city at or after 7 p.m.)

LODGING RATES In State \$98

Dinner

\$27

Milwaukee, Racine, and Waukesha \$103