

TRAVEL EXPENSE REPORT

Institute for Research on Poverty, University of Wisconsin–Madison

Please submit by **July 22, 2017** to facilitate processing. Expense reports not submitted within **60 days of end of travel** cannot be reimbursed.

Traveler Name: _____

Mail check to: _____

E-mail: _____ **Phone:** _____

If WI State Employee, indicate agency: _____

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

***Air travel must be booked through Fox World Travel to be eligible for reimbursement**

- 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.
- 4) **Original** receipts are required for travel on intercity trains, buses and taxis, when claim exceeds \$25.00.

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>		
			0.540	
			0.540	
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 Circle: First / Last Day of Travel	Base Per-Diem Rate	Total Per-Diem
06/19/17	Madison, WI	First Day	59.00	For
06/20/17	Madison, WI	First Day Last Day Meals Provided: (B) (L) (D)	59.00	
06/21/17	Madison, WI	First Day Last Day Meals Provided: (B) (L)	59.00	Office
06/22/17	Madison, WI	First Day Last Day Meals Provided: (B) (L)	59.00	
06/23/17	Madison, WI	Last Day Meals Provided:	59.00	Use
			for Office Use Only	

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

Original (not scan) receipts are required for all incidental claims over \$25.00.

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