



Member Expense Reimbursement Form

Please Note:

Receipts are required for expenses greater than \$25; still encouraged if less than \$25. Lodging and Meal receipts must be itemized and should detail all persons present. Telephone charge requests must detail a contact name and business purpose. Requests are subject to denial if not submitted to the Finance Dept within the shorter of 60 days of expense or 15 days of the fiscal year end.

Meeting / Travel Description: _____

Committee, Section, Division (if applicable): _____

Place of Meeting / Travel Destination: _____ Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please donate my reimbursement to the Wisconsin Law Foundation.

Travel:

- a. ☐ Air ☐ Train ☐ Bus ☐ Other _____
- b. ☐ Auto _____ miles @ \$.58/mile: _____
- c. Rental Car: _____
- d. Parking: _____
- e. Tolls: _____
- f. Taxis/Cabs: _____
- g. Other (describe): _____

Lodging:

- a. Hotel/Motel: _____

Meals:

- a. Place*: _____
- * If multiple places, detail receipts will suffice.

Administrative /Other:

- a. Telephone: _____
Contacts/Purpose: _____
- b. Other (describe): _____
- c. Other (describe): _____

TOTAL

Approved by: _____ Date: _____ Account: _____

2nd Approval (Over \$2,000): _____ Date: _____