UNIVERSITY of WISCONSIN
UWMILWAUKEE

TRAVEL EXPENSE REPORT

CODING

Travel Expense Amount(s)	Account	Fund	Organization	Prog.	Sub-Class	Bud Yr.	Project
-							
-	Total Expenses						
Travel Advance Amount(s)	Account	Fund	Organization	Prog.	Sub-Class	Bud Yr.	TA Number
	6166	991		1			
	6166	991		1			
$ -	Net Reimbursement						

CLAIMANT INFORMATION

Last Name	First Name	M.I.

(●) UW employe ( ) State Emp ( ) Non-State ( )

Home Address (No Campus Mail)

Email address

Employee ID	Headquarters City

Contact
Contact
Contact

PURPOS

EXPENSES

Date	Departure Time	Return Time	Pers Veh Miles	Description/Explanation (Lodging, Airfare, etc.) From - To Required for all Mileage Claimed	Payment Method PCard	TCard	Cash/Other	Brkfast
Total Personal Vehicle Miles:				Totals:				

CERTIFICATION

CLAIMANT'S STATEMENT. 16.53 Wisconsin Statutes. I declare (under penalties of perjury) this account of travel expenses is accurate and conforms with all applicable University and State regulations. The expenses are actual, reasonable, and were personally incurred in performance of my official duties. No portion of this claim was provided free of charge, covered by a registration fee, previously reimbursed from any other source, or will be paid from any other source in the future.

Claimant's Signature | Date

MILEAGE CALCULATION

	Personal Vehicle Miles X Mileage Rate:	$0.485	=	
	Personal Vehicle Miles X Mileage Rate:		=	
	Personal Vehicle Miles X Mileage Rate:		=	
			Total:	

Pr

APPROVALS

I certify that I have reviewed this travel claim and find it to be reasonable and in compliance with established travel policy and the mission of the department **(Required)**

Supervisor Signature | Date

Print Supervisor Name | Office Phone No.

Other Signatures as Required by School, College, or Division Policy

Other Approval Signature | Date

Dean, Director, or Other Approval Signature | Date

Updated 4/17/06

TER CHECKS WILL BE MAILED TO CLAIMANT'S HOME ADDRESS ONLY - NO CAMPUS MAIL ADDRESSES WILL BE ALLOWED