Date of Trip	Depart Time	Return Time	Purpose/Destination (From-To)	Fleet Car	Brkfst	Lunch	Dinner	Lodging (If @ conf. site: check box)		Miles	Misc	Acct#
									☐			
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CLAIMANT'S STATEMENT.16.53 Wisconsin Statues, 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 or paid by any other source. I've also enclosed the necessary receipts.

Claimant's Signature:_____ Date:_____

Print Name:_____ SS#_____

Home Address:_____ Home Phone:_____

Office Address:_____ Office Phone:_____

To claim meals you must meet the following criteria:

Brkfst - leave by 6:00 am or earlier
Lunch - leave by 10:30 am or earlier & return after 2:30 pm
Dinner - return after 7:00 pm