

Partnership Revision Meeting	WTTC	ITTF Meeting
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**WisDOT INTER-TRIBAL TASK FORCE TRAVEL REIMBURSEMENT VOUCHER**

ALL TRAVEL REIMBURSEMENT WILL BE GIVEN IN ACCORDANCE WITH WISCONSIN DEPARTMENT OF  
TRANSPORTATION TRAVEL RATES

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE # \_\_\_\_\_ TRIBE/AGENCY REPRESENTING: \_\_\_\_\_

LODGING EXPENSE: (INCLUDE ORIGINAL INVOICE)

\_\_\_\_\_ AMOUNT: (NOT TO EXCEED \$82.00) \_\_\_\_\_

Attach original hotel receipt. Rates for Milwaukee, Waukesha and Racine counties = \$90.00

MILEAGE EXPENSE: (NOT TO EXCEED \$.51 PER MILE)

DATE	FROM	ODOMETER READING	TO	ODOMETER READING
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RETURN TRIP  
\_\_\_\_\_

**TOTAL MILES** \_\_\_\_\_ **X \$.51 =** \_\_\_\_\_

SUBSISTENCE: (NOT TO INCLUDE BREAKFAST OR LUNCH - \$20.00 WILL BE REIMBURSED FOR THE NIGHT BEFORE THE MEETING IF STAYING OVERNIGHT AND \$20.00 FOR DAY OF THE MEETING)

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**TOTAL REIMBURSED FOR SUBSISTENCE** \_\_\_\_\_

**TOTAL REIMBURSED:** \_\_\_\_\_

TRAVELOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY ITTF COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SUBMIT TO: AGNES FLEMING**  
WisDOT ITTF COORDINATOR  
13394 W TREPANIA ROAD  
HAYWARD, WI 54843