

TRAVEL EXPENSE REIMBURSEMENT GUIDELINES
AND INSTRUCTIONS FOR FILING TRAVEL VOUCHERS
FOR MEMBERS OF JOINT LEGISLATIVE COUNCIL COMMITTEES

Legislative Members

1. The appointment of a Legislator to a Joint Legislative Council study committee constitutes approval for that Legislator to attend the meetings of the committee in Madison or elsewhere in Wisconsin.
2. If a Legislator member of a Council study committee attends a committee meeting in Madison, only per diem is paid. (The regular mileage allowance covers one round trip from home to Madison each week.)
3. If a Legislator member of a Council study committee attends a committee meeting outside Madison and travels round trip from home to the meeting, the member may claim reimbursement of actual and necessary expenses, in lieu of per diem, by filing a green travel voucher with the appropriate Chief Clerk. Each chamber will determine the funding source for this reimbursement.
4. If a Legislator member of a Council study committee attends a committee meeting outside Madison, the member may be reimbursed for mileage to and from the meeting and claim per diem if the member was in Madison that day on legislative business OR claim actual and necessary expenses, including mileage to and from the meeting, by filing a green travel voucher with the appropriate Chief Clerk. Each chamber will determine the funding source for this reimbursement.

Public Members

1. Please file your voucher as soon after the end of the meeting as possible. More than one month's expenses may be claimed on a single voucher. If you submit multiple vouchers for more than one month's expenses, the expenses will be combined so that only one check is written. Keep a record of your travel expenses for your personal and tax use.
2. Carefully read the attached table and refer to the sample voucher, paying particular attention to (a) the requirements that you provide your Social Security number and sign the voucher, (b) maximum allowable reimbursement rates and what those maximums include, and (c) receipt requirements. If you have questions, call Kathy Annen at (608) 266-2987.
3. Please read the attached table for guidelines and instructions. Pay particular attention to receipt requirements for lodging and transportation. Ask for government discounts for lodging (tax-exempt). A special identification card is issued to you for this purpose. Meals and lodging maximums are listed on the table.
4. Submit travel vouchers to the Legislative Council staff office, One East Main Street, Suite 401, P.O. Box 2536, Madison, WI 53701-2536. Blank vouchers (form DOA-6107) are available at the meetings, from the Council office, or at the Council Web site. Vouchers are processed promptly and checks mailed as soon as the Treasurer's office sends them to this office.

**REIMBURSEMENT OF MEETING EXPENSES FOR MEMBERS
OF JOINT LEGISLATIVE COUNCIL COMMITTEES**

[File once per month; more than one month permitted on the same voucher.]

HEADING ON GREEN VOUCHER FORM (DOA-6107)	EXPLANATIONS/INSTRUCTIONS	MAXIMUM \$	RECEIPT REQUIRED
<i>Date</i>	Insert travel and meeting dates.		
<i>Official Business</i> (purpose of trip)	List proper committee name.		
<i>Travel Points - From/To</i>	Home city/meeting city and return.		
<i>Hdqs. Time - Depart/Return</i>	Time you left/time you arrived.		
<i>Carrier or Passengers</i>	Indicate mode of transportation and if accompanied by another committee member or staff person.		
<i>Fare</i> (for private aircraft, train, bus)	Prior approval required: Private aircraft reimbursed at mileage rate for personal vehicle.	48.5¢	Yes
	Bus or train - ticket stub.	Lowest rate.	Yes
<i>Miles</i> (personal vehicle usage)	Higher rates may apply for specially equipped vehicles. Call Kathy Annen (608-266-2987) if you have questions.	48.5¢	No
<i>Room</i>	When making reservations, use business address. Ask for government rates (tax-exempt). Original receipt required. Milwaukee, Racine & Waukesha counties.	\$70 (excluding tax)	Yes
		\$80	Yes
<i>Meals</i> Morning Noon Evening	REIMBURSED MEALS MAY BE TAXABLE INCOME IF YOU DO NOT STAY OVERNIGHT AND MUST BE REPORTED TO THE IRS. (Consult your tax advisor.) Meal limitations: Morning - leave home before 6:00 a.m.; Noon - leave before 10:30 a.m., return after 2:30 p.m.; Evening - return home after 7:00 p.m.* (the cost of alcoholic beverages is not reimbursable)	(including tax & tip) \$8 \$9 \$17	No
<i>Other Allowable Expenses</i> Tips-lodging Taxis, limos Parking Telephone Airport portorage	Per overnight at hotel/motel. Receipt if over \$25 one way. (Use shuttles.) Receipt if over \$25 per day. (Use municipal ramp/lot.) One personal call home up to \$5 if overnight. (Use STS, if available.) \$1 per piece of luggage.	\$2**	No Yes Yes No No
<i>Date</i> (on signature line)	Date you submit voucher for reimbursement.		
<i>Claimant's Signature</i>	Required for processing; legibility is appreciated.		
<i>Name & Address</i> (reverse side)	PRINT name and full address (with zip code).		
<i>Social Security Number</i> (reverse side)	Fill in - necessary for the State's accounting system and for certain IRS requirements. Cannot process your reimbursement without it.		

*Times also apply if no overnight stay is required.

**\$2 per day of arrival, \$2 per day of departure, plus \$2 per night of stay.

Official State of Wisconsin
TRAVEL VOUCHER
 DOA-6107 (Revised)

For Agency Use Only

AGENCY - DIVISION (OR INSTITUTION)

Employee Name (print or type plainly)

Complete Home Address

EMPLOYEE
 Fill out
 Social Security No.,
 non-fiscal & IRS
 reporting
 information

FUND	DEPT.	MONTH-YR	TOTAL MILES	BARGAINING UNIT (Use Alpha Code)
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CHECK CATEGORY	SOCIAL SECURITY NUMBER	IRS CODE	AMOUNT
	0010-Circle each meal on other side of voucher which was not prepaid or followed by an overnight stay in a city. Total these costs under amount for 0010.	0010	
	0020-Enter total mileage costs from other side of voucher.	0020	

PROG. APP.	SUBLEVEL			CLASS	FY	AMOUNT	CAC
	L1	L2	L3				
TOTAL AMOUNT							

WISSMART							
Obj	Sub Obj	Appr Unit	Acty Unit	Obj	Sub Obj	FY	Amount
TOTAL AMOUNT							

Pursuant to S. 16.53 I certify that all expenses on this voucher conform to all statutory, departmental or applicable collective bargaining provisions; were necessarily incurred in the official performance of duties required by the state service; are determined to be reasonable and proper; and that sufficient funds are available to pay this claim.

AGENCY HEAD OR AUTHORIZED REPRESENTATIVE

AUDIT ORDER, S. 16.53, Wis. Statutes

Audited pursuant to Chapter 16 of the Wisconsin Statutes and allowed in accordance with the provisions of Chapter 20 as shown above. Certified to the State Treasurer payable from fund shown above.

1. GENERAL INSTRUCTIONS

- a. Travel guidelines are contained in the Compensation Plan and the applicable bargaining agreements. Submit your travel voucher once each month. Print or write legibly and make certain all applicable information is provided including the specific nature of official business, destination of trip and related expenditures.
- b. Be aware of the certification you are making when signing your voucher.
- c. Your supervisor's signature is required.
- d. Retain a copy of your voucher for income tax return purposes. IRS requires that you report all reimbursements for meal expenses not involving overnight travel, and total mileage reimbursement if average yearly reimbursement is above IRS designated cost per mile (Refer to IRS Form 2106).

2. RECEIPTS. Attach original hotel receipt or common carrier ticket for all claims for lodging and transportation, except taxi.

3. PERSONAL AUTO

- a. State daily starting point and destination. Explain mileage in excess of normal highway distance.
- b. Do not claim mileage between your residence and headquarters city.
- c. A certificate of nonavailability or the equivalent is required or your mileage reimbursement will be limited to the operating cost of the state's fleet.

4. STATE OWNED VEHICLE. State daily starting point and destination if travel expenses are claimed. Do not include miles.

5. MEALS. Meal claims must be actual expenses but are limited to the maximums in the uniform travel schedule amounts. Only meal claims in excess of current travel schedule amounts or collective bargaining agreements (which include taxes and tips) must be supported by receipts and proper written justification.

6. APPROVAL is required by agency head or designee for expenses within the "Headquarters City." Form DOA-6264 (or its equivalent) is used by agencies for this purpose and should be attached to the voucher while processing.

7. TRAVEL ADVANCE. If you received a travel advance, a copy of this form must be attached to this voucher.

Alpha P/R Bargaining Code Code Unit

- A = 11 = Patient Care
- B = 12 = Soc. Serv.
- C = 13 = Education
- D = 14 = Engineering
- E = 15 = Science
- F = 16 = Non Prof. Supr.
- G = 17 = Prof. Supr.
- J = 19 = Exec. & Mgt.
- M = 02 = Clerical & Rel.
- N = 03 = Blue Col. Non-Bldg.
- P = 04 = Bldg. Trade-Crafts
- Q = 05 = Sec. & Pub. Safety
- R = 06 = Technical
- S = 07 = Fiscal & Staff Serv.
- T = 08 = Res. Stat. & Analysis
- U = 09 = Legal
- V = 10 = Patient Treatment
- W = 96 = Non Prof. Cont. Supr.
- X = 97 = Non Prof. Cont.
- Y = 98 = Prof. Cont. Supr.
- Z = 99 = Prof. Cont.

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