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| logo_forms | Wisconsin Department of Public Instruction**CLAIM FOR REIMBURSEMENT**PI-1135 (Rev. 08-15)*Collection of this information is a requirement of section 16.525(7)(b), Wis. Stats.* | **INSTRUCTIONS:** Complete and sign one copy. Attach original receipts and submit to:**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION****BUSINESS OFFICE****PO BOX 7841****MADISON, WI 53707-7841** |
| **DPI Coordinator:** Submit all reimbursement claims for this event with a copy of the agenda, if appropriate, to the Business Office. |
| Name of Conference/MeetingWI Health Award Ceremony | DPI Coordinator for Conference/MeetingBrenda Jennings |
| Location of Conference/MeetingRadisson Paper Valley | Attendance Date(s)December 7, 2017 |
| Claimant or Coordinator      | Social Security or Tax ID No.\*      | Business Telephone *Area/No.*      |
| Mailing Address *Street, City, State, Zip*      | Purchase Order No.      |
|  | I. EXPENSES |  |
| *Complete only if meal or lodging expense claimed.* |
| 1. Departure Time from Home Base *Date and Time of Day*      | 2. Time of Return to Home Base *Date and Time of Day*      |
| **A. AUTOMOBILE EXPENDITURES** |
| 1. Starting Point *City*      | 2. Destination *City*      | 3. Total Miles Driven*Round Trip*      | 4. Reimburse Rate*.51¢ / mile*  | 5. TOTAL Auto Expenditures*Col. 3 x Col. 4*$0.00$0.00 |
| **B. OTHER TRANSPORTATION** *(Air, Bus, Train, Taxi)* **EXPENDITURES** *Attach Original Receipts* |
| 1. Type(s) of Transportation      | 2. TOTAL Other Trans. Expenditures      |
| **C. LODGING EXPENDITURES** *Attach Original Receipts* |
| [ ]  In-State Max.\* $82 + tax for most cities: *See Below*[ ]  Out-of-State Max. depends on city *Refer to state guidelines.* | City      | Rate      | No. of Nights   | 3. TOTAL Lodging Expenditures$0.00$0.00 |
| **D. MEAL EXPENDITURES** *Claims should be made for* ***actual*** *costs incurred and are not to exceed state limits.* |
| 1. Breakfast *Allowable when departing prior to 6 a.m. Maximum In-state = $8 inc. tip* | 2. Lunch *Allowable when departing prior to 10:30 a.m. and returning after 2:30 p.m. Maximum In-state = $10 inc. tip* | 3. Dinner *Allowable when returning after 7 p.m. Maximum In-state = $20 inc. tip* | 4. TOTAL Meal Expenditures*Col. 1 + 2 + 3* |
| No. of Breakfasts   | Total Amt.      | No. of Lunches   | Total Amt.      | No. of Dinners   | Total Amt.      | $0.00 |
| **E. PER DIEM/STIPEND/MISCELLANEOUS** |
| *If Per Diem Claimed* | *If Stipend Claimed/Misc.* |
| 1. No. of Days   | 2. Rate per Day      | 3. Amount of Stipend/Misc.      | 1. TOTAL

$0$0 |
|  | II. FEE OR HONORARIUM |  |
| *If Daily Rate Charged* | *If Flat Fee or Honorarium* | 4. TOTAL |
| 1. No. of Days    | 2. Rate per Day      | 3. Amount of Fee or Honorarium      | $0 |
| Signature of Claimant⮚ | Date Submitted | **TOTAL CLAIM***Section I (items A, B, C, D, & E) plus Section II* | $0.00 |
| ***FOR DPI USE*** |
| Signature of Conference/Mtg. Coordinator⮚ | Date Signed *Mo./Day/Yr.* | Signature of Contracted Services Coordinator⮚ | Date Signed Mo./Day/Yr. |
| Signature of Program Administrator⮚ | Date Signed *Mo./Day/Yr.* | *For Business Office Use* Program/Project Name and Account Code |

\*Milwaukee, Racine, and Waukesha counties—Maximum is $90

\* Collection of Social Security Number is for processing use only and will not be shared without permission.