

WACEC State Board of Directors Reimbursement Request

Contact Information:

Name _____

Address _____

Telephone Number _____

Email Address _____

Travel Information:

Date of Travel _____

Departure Time _____

Return Time _____

Reason for Trip _____

Expenses:

Personal Vehicle Miles _____

Other Reimbursable Expenses

Per Diem _____

Lodging _____

Breakfast _____

Lunch _____

Dinner _____

Total \$ _____

Signature _____ Date _____

Current Reimbursement Rates

Lodging: \$70.00 (except Milwaukee, Racine, and Waukesha counties \$80.00)

Per Diem: \$60.00

Breakfast: \$8.00

Lunch: \$9.00

Dinner: \$17.00

Mileage: \$0.485/mile

Please mail to: Lynn Moris, WACEC Secretary/Treasurer, 230 Prospect St., Bloomington, WI 53804