



## Member Expense Reimbursement Form

**Please Note:**

Receipts are required for expenses greater than \$25; still encouraged if less than \$25. Lodging and Meal receipts must be itemized and should detail all persons present. Telephone charge requests must detail a contact name and business purpose. Requests are subject to denial if not submitted to the Finance Dept within the shorter of 60 days of expense or 15 days of the fiscal year end.

Meeting / Travel Description: \_\_\_\_\_

Committee, Section, Division (if applicable): \_\_\_\_\_

Place of Meeting / Travel Destination: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please donate my mileage reimbursement to the Wisconsin Law Foundation.**  
(Please note, these contributions cannot be applied to Fellows pledge payments.)

**Travel:**

- a.  Air  Train  Bus  Other \_\_\_\_\_
- b.  Auto \_\_\_\_\_ miles @ \$.70/mile: \_\_\_\_\_
- c. Rental Car: \_\_\_\_\_
- d. Parking: \_\_\_\_\_
- e. Tolls: \_\_\_\_\_
- f. Taxis/Cabs: \_\_\_\_\_
- g. Other (describe): \_\_\_\_\_

**Lodging:**

- a. Hotel/Motel: \_\_\_\_\_

**Meals:**

- a. Place\*: \_\_\_\_\_
- \* If multiple places, detail receipts will suffice.

**Administrative /Other:**

- a. Telephone: \_\_\_\_\_  
Contacts/Purpose: \_\_\_\_\_
- b. Other (describe): \_\_\_\_\_
- c. Other (describe): \_\_\_\_\_

**TOTAL**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Account: \_\_\_\_\_

2nd Approval (Over \$2,000): \_\_\_\_\_ Date: \_\_\_\_\_