

CONSUMER GUIDE TO ERL

Complete the Expense Reimbursement Log (ERL) side of the form per the instructions provided at the bottom of the Authorization Letter.

1. Detail needed on the ERL (to be completed by the consumer or consumer designee):

- DATE (mm/dd/yyyy): Write down daily travel/expenses on the ERL, including month, day and year.
- DESCRIPTION:
 - ❖ If Reimbursement for MILES: Explain the *purpose* of the trip, including business names and cities traveled, from starting point (home), to destination(s) and return. For example:
 - Home – to job interview at BUSINESS NAME, city or street address of business – return Home;
 - Home – to job search at BUSINESS NAME, city or street address of business – return Home.
 - ❖ If Reimbursement for PUBLIC TRANSIT: Write down each transit trip and the purpose of the trip.
 - ❖ If Reimbursement for MEALS: Write down the justification for the meals being required.
- MILES: Write down the actual daily mileage traveled (from your home to the facility in which the service is provided and mileage to return home).
- PUBLIC TRANSIT: For public transportation (city bus, metro, transit plus), write down the cost for the weekly or monthly bus pass in this column. Receipts are required. If receipt is not available, the expired bus pass can be used for documentation.
 1. Write down the amount of the monthly pass and the days you used it.
 2. Write down the amount of the weekly pass and the days you used it.
 3. Taxicabs are not public transit. Taxicabs fall under “Other Authorized Expenses”. Receipts are required. Cab drivers will usually give receipts if you ask for one.
- MEALS: Write down the actual amount spent on each meal, morning, noon and evening. Receipts are required. Amounts cannot exceed the established maximums per meal.
- TOTALS: Write them down so we are sure of the amount for which you are asking reimbursement.
- OTHER AUTHORIZED EXPENSES (other than mileage, public transit or meals): Write down the date (mm/dd/yyyy) of purchase, description of purchase and amount of each purchase in the Totals column. Receipts are required. For tutoring and other similar assistive services, a log showing the dates of service, along with the signatures of the consumer and service provider, should be attached.
- TOTAL AMOUNT DUE: Add the daily totals of public transit and meals, total miles, and daily other authorized expenses.

2. Sign and date the ERL in the Consumer Signature box.

3. Attach all required receipts for Other Authorized Expenses, including meals, parking and taxicabs.

4. Submit the ERL with receipts to the DVR address at the top of the Authorization side of the form.

Department of Workforce Development
Division of Vocational Rehabilitation
Counselor Address
City, State & Zip Code

Counselor Name
Counselor Telephone

Case #: IRIS Case Number
Tracking #: Tracking Number

Joe Sample
Consumer Address
City, State & Zip Code



Reimbursement has been authorized by the Division of Vocational Rehabilitation (DVR) for the following service(s):

**Dates of Authorization (Month/YYYY or Start Date through End Date - mm/dd/yyyy) Services
Authorized Purpose (such as job search, etc.)**

Before DVR can send you a check, you will need to complete the Expense Reimbursement Log (ERL) on the reverse side of this form. Use this log to report your actual expenses for the service(s) indicated above.

To receive reimbursement, you are responsible for doing the following:

1. Complete the ERL with the detailed expenses that pertain to the service(s) identified above. If applicable, receipts should be attached to this log.
2. Sign, date, and submit your completed ERL to your local DVR office in the self-addressed envelope which was provided to you.

If you have any questions, please contact your counselor at the phone number listed above.

EXPENSE REIMBURSEMENT LOG (ERL) FEB 2014 EXAMPLE

State of Wisconsin
Department of Workforce Development

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Division of Vocational Rehabilitation

Consumer Name (First, MI, Last)

Residence Street or P.O. Box

☐ (Check Here if New Address)

City, State, Zip Code

DATE (mm/dd/yyyy)	DESCRIPTION Include Purpose of Travel, Business Name, and Cities of Travel From – To – Return (NOTE: Attach separate sheet if additional lines are needed.)	MILES	PUBLIC TRANSIT	Meals Reimbursed <u>ONLY</u> if Previously Authorized by DVR MEALS			TOTALS \$
				Morning	Noon	Evening	
If mileage is authorized:							
2/17/14	Home to Job Search – LANDS' END – Dodgeville to Home	96					
2/29/14	Home to Interview – LANDS' END – Dodgeville to Home	96					
If Public Transit is authorized:							
	Monthly bus pass purchased 2/1/14		64.00				64.00
2/1/14	Home to Job Search – ABERG JOB CENTER – to Home						
2/2/14	Home to Interview – SENTRY FOODS – to Home						
2/23/14	Home to Interview – COPPS FOOD – to Home						
	OR						
	Weekly bus pass 2/2 – 2/8/14 (Sun to Sat) purchased 2/1/14		17.50				17.50
2/3/14	Home to Interview – SENTRY FOODS – to Home						
2/4/14	Home to Interview – COPPS FOOD – to Home						
If MEALS are authorized, amounts are limited to rates shown:							
2/1/14	Assessment (overnight) Madison to Green Bay				10.00	20.00	30.00
2/2/14	Return from Assessment: Green Bay to Madison			8.00			8.00
TOTAL MILES		192	Total Number of Miles x 0.352 =			\$67.58	
PUBLIC TRANSIT AND MEALS COLUMNS TOTALS			81.50	8.00	10.00	20.00	\$119.50
DATE	OTHER AUTHORIZED EXPENSES - Description & Attach Original Receipts Other Expenses Reimbursed <u>ONLY</u> if Previously Authorized by DVR						
2/15/14	Work clothing from Kohl's						\$110.00
2/28/14	Uniform from The Uniform Store						25.00
CONSUMER STATEMENT: I declare, under penalties of perjury, that this account of travel and expenses is true and correct. This claim represents reasonable and actual expenses that were incurred by me. No portion of this claim was covered by any other source and ONLY THOSE SERVICES PREVIOUSLY AUTHORIZED BY DVR are included in this Expense Reimbursement request.						TOTAL AMOUNT DUE	\$322.08
Consumer Signature <i>Joe Sample</i>				Date Signed 2/28/14			
Counselor or Authorized Designee Approval <i>Counselor or CCC</i>				Date Signed 2/28/14			

INSTRUCTIONS FOR COMPLETING THE EXPENSE REIMBURSEMENT LOG (ERL)

Date: Enter the date(s) the service occurred (mm/dd/yyyy).

Description: Explain the purpose of the trip. Example: "Job interview at *BUSINESS NAME*, job search at *BUSINESS NAME*". Include cities traveled, from starting point (home), to destination(s) and return. Example: "Portage – Madison – Portage".

Miles: If you are receiving mileage, record the actual daily mileage traveled (from your home to the facility in which the service is provided and mileage to return home).

Public Transit: If you are receiving public transportation services, record daily trips (where you traveled, for what purpose, and total amounts) with one amount per weekly or monthly bus pass rate. **Proof of purchase of services is required and receipts should be attached.**

Meals: If you are receiving meal reimbursement, record the actual cost of your meal, including tax and tip. The cost may not exceed \$8.00/breakfast, \$10.00/lunch, or \$20.00/dinner. **Receipts are required and should be attached.**

Totals: Add dollar amounts for Public Transit and Meals per line. The total at the end of each line will be the total daily expenses for Public Transit and Meals.

Total Mileage Cost: Add the daily miles in the Miles column to get the TOTAL MILES, multiply TOTAL MILES by the rate shown and enter the **total** mileage cost in the TOTALS column.

Tutoring and Similar Assistive Services: A log showing the dates of service, along with the signatures of the consumer and service provider, should be attached.

Other Expenses: Use this area to report any pre-authorized expenses other than mileage, public transit, or meals. Enter date(s), description of other expenses, and the amount. **Original receipts are required and should be attached.**

TOTAL Amount Due: Add the TOTALS column: daily expenses, mileage cost, and other expenses recorded in each line of the TOTALS column. Enter the sum in the TOTAL AMOUNT DUE.

Consumer Statement, Consumer Signature, and Date Signed: Read this statement thoroughly. Sign and date this form in the appropriate boxes and submit **after the services have been incurred.**