



Mileage Reimbursement Request

(for WI State Council and/or Conference related travel)



Mileage related to: ☐ State Council ☐ State Conference

Today's Date: _____

Traveler's Name: _____

Position: _____

Home (Departure) City: _____

Payee Information

Payable To: _____

Address: _____

Date	Miles Driven (Total miles roundtrip)	Total Miles (Reimbursable)	Budget Code (4 digit account #)	Travel Destination	Purpose
	- 50 =				
	- 50 =				
	- 50 =				
	- 50 =				
	- 50 =				

Total Eligible (Reimbursable) Miles: _____ times current WI SHRM mileage rate of _____ = _____

As a volunteer serving on the WI SHRM State Council or Conference Committee, I attest to the fact that the above stated travel did occur in connection with WI SHRM related business; that this claim is true and correct to the best of my knowledge; and, that payment for the amount claimed has not, and will not, be received from any other source.

Traveler's Signature

Date

State Director/Conference Co-Chair Approval Signature

Date

Mileage for council (and/or conference committee) related travel can be submitted after incurring a minimum of 50 miles per trip. The balance of mileage can be submitted at the annual mileage rate of .42 per mile. The maximum mileage reimbursement per calendar year will be \$200.00 per council (and conference committee) member. An expense reimbursement form must be submitted detailing the reason for the trip. Council (and/or conference committee) members are encouraged to carpool, when able, to control expenses.

State Director/Conference Co-Chair: After approval, please submit to WI SHRM via;

Fax (608-204-9818), E-mail (wishrm@morgandata.com), or Mail to WI SHRM, 2830 Agriculture Drive, Madison, WI 53718

Form Updated: 7/12/2011