

**WISCONSIN ANNUAL CONFERENCE
TRAVEL VOUCHER**

FIRST NAME	INITIAL	LAST NAME
STREET ADDRESS		
CITY	STATE	ZIP
TRAVEL FROM	TO	AND RETURN
AGENCY		
DATES OF TRAVEL:	TO	

EXPENSE	DESCRIPTION	AMOUNT
AUTO MILEAGE	NO. MILES: _____ RATE: _____ ¢ \$	
PLANE, BUS, TAXI	SPECIFY	
LODGING	NO. OF NIGHTS	
MEALS	NO. OF MEALS	
OTHER (Specify)		
OTHER (Specify)		

ACCOUNT NO.	ACCOUNT NAME	AMOUNT

APPROVAL SIGNATURE AND DATE TOTAL: \$

TREASURER'S OFFICE	CHECK NO.	CHECK DATE	

ORIGINAL -- SEND TO CONFERENCE TREASURER'S OFFICE WITH RECEIPTS FOR AMOUNTS OVER \$75.00

COPY -- RETAIN FOR YOUR RECORDS

KGH FORMS TR_V 4/97

Mileage rate-2003: \$0.36 employees; \$0.14 volunteers for conference agencies

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