DEPARTMENT OF HEALTH SERVICES

NON-STATE EMPLOYEE EXPENSE REPORT

STATE OF WISCONSIN

Division of Enterprise Services F-80190 (12/2023)

Note: For assistance in completing this form, refer to the back of this form or contact your supervisor.									Voucher Number – Internal Use						
Name - Claimant								Vendor Number							
Address	to Send Check						Dept. ID		FY	Y Invoice Date					
Date	Official Business	icial Business Itinerary		y	Trave	l Time	Mileage or Fare				Meals		Other Expenses*		Total
Mo/Day	Purpose of Trip		From – T		Leave	Return	Miles	Fare	Lodging*	Morning	Noon	Evening	Item	Amount	Total
					am	am									
					pm	pm									
					am	am									
					pm	pm									
					am	am									
					pm	pm									
	-					Totals									
				Miles	@	\$0.510	cost per	mile =	Total Milea	age Cost			Total	Expenditures	
*Receip	t required												Net	Amount Due	
were inc actual, r performa has not	e, under penalties of curred in conformity easonable and nece ance of duties requi been received from	with ap essary e red by p	plicable expense oublic se	statutes a s incurred ervices. Pa	nd regula I personall ayment, c	tions. These y in the redit or free yel advance	e are service	Wis. Star shown. I proper a	rsuant to Wis. t. ch. 20 as sh certify that I h nd in conform	iown. Cei ave revie ity with a	tified to wed this oplicable	the state travel c statutes	treasurer aim and fil and trave	payable from nd it to be rea I schedule am	the fund sonable, nounts.
SIGNATURE – Claimant						Date Signe	d	SIGNATURE – Supervisor (indicates OK to Pay)					Date Signed		
STAR Accounting System Coding – DHS Staff Use Only Key										eyed into STA	AR by				
Line	Amount	Fund	Appr	Departm	nent A	ccount P	rogram	F	Project		Activity				
1														Date Keye	d
2															

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A. GENERAL INSTRUCTION

- This form is intended for NON-EMPLOYEES of state departments and attached boards.
- 2. Fill in via computer or print legibly using a black or blue pen.
- After completing and signing the Expense Report, SUBMIT ORIGINAL to your supervisor/course organizer for signature. Retain one copy for your records.
- 4. Staple required receipts to the side of the Expense Report Receipts are required for lodging and other items identified in the Pocket Travel Guide. Receipts must be originals.

CREDIT CARD SLIPS ARE NOT ALLOWED.

B. REQUIRED INFORMATION

All applicable itinerary information must be completed, including claimant and supervisor signatures, as well as the following information:

- Organization number and name
- Claimant's name
- Claimant's home address

C. MEALS. INCLUDING TIPS

Record actual reasonable and necessary out-of-pocket expenses incurred for meals in the performance of official duties. The expense amount (including tax and tips) should not exceed maximum rates allowed.

D. PERSONAL VEHICLE USE

- 1. Record roundtrip mileage between starting point and destination.
- 2. Mileage should be claimed at the amount shown in the Pocket Travel Guide.*
 - * See Pocket Travel Guide for a summarization of the State's travel guidelines and allowable maximums.

MEAL REIME In State	EAL REIMBURSEMENT RATES – Effective November 1, 2023									
Breakfast	\$10	(leave at or before 6 a.m.)								
Lunch	\$12	(leave at or after 10:30 a.m. and return at or after 2:30 p.m.)								
Dinner	\$23	(home/headquarter's city at or after 7 p.m.)								
Out of State										
Breakfast	\$11	(leave at or before 6 a.m.)								
Lunch	\$17	(leave at or after 10:30 a.m. and return at or after 2:30 p.m.)								
Dinner	\$27	(home/headquarter's city at or after 7 p.m.)								

LODGING RATES In State \$98

Milwaukee, Racine, and Waukesha \$103