Wisconsin Cervid Farmers' Foundation

EXPENSE REIMBURSEMENT SUBMISSION FORM

NAME: _____

ADDRESS: _____

_____

PHONE: _____

DATE	EXPLANATION OF EXPENSE OR MILES DRIVEN	MILES	X $.14	$ AMOUNT
			SUBTOTALS:	
			TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT:	

Signature: _____ Date: _____

Please note:

* You may request reimbursement for expenses incurred while working on a volunt basis for the Wisconsin Cervid Farmers' Foundation (WCFF). Paid employees may be eligible for reimbursement.
* Expense reimbursements are at the discretion of, and must be approved by, the V Board of Directors.
* Receipts MUST be attached to this form.
* A full day of WCFF work is required for each night of hotel expense to be reimbur
* Meals may be reimbursed up to these maximums per meal: breakfast $3, lunch $ dinner $7.
* Mileage reimbursement amount is different than $.14/mile set by the current stan IRS rate for miles driven in service of charitable organizations. *(information from www.irs.gov)* ***9/13/23 it was voted by the WCFF Board to pay volunteer $.50/mile or $.65/mile for pulling the trailer for outreach events such a trade shows.***
* Submit this form, with receipts, to the WCFF Treasurer:
  Carol Kubly, W3796 County Hwy EE, Monticello, WI 53570.