## **EXPENSE REIMBURSEMENT SUBMISSION FORM**

TETAIL CO

Date:

NAME: ADDRESS: PHONE:			WO	TO CONSIN
DATE	EXPLANATION OF EXPENSE OR MILES DRIVEN	MILES	X \$.14	\$ AMOUNT
	SUBTO	TALS:		
	TOTAL AMOUNT REQUESTED FOR REI		SEMENT:	

## Please note:

Signature:

- \* You may request reimbursement for expenses incurred while working on a voluntary basis for Whitetails of Wisconsin. Paid employees may not be eliqible for reimbursement.
- \* Expense reimbursements are at the discretion of, and must be approved by, the WOW Board of Directors.
- \* Receipts MUST be attached to this form.
- \* A full day of WOW work is required for each night of hotel expense to be reimbursed.
- \* Meals may be reimbursed up to these maximums per meal: breakfast \$3, lunch \$5, dinner \$7.
- \* Mileage reimbursement amount is the current standard IRS business rate. (rate from www.irs.gov)
- \* Submit this form, with receipts, to the WOW Treasurer:

Emma Gehring, 1968 County Rd. E, Baldwin, WI 54002