



ASSESSMENT PANEL MEMBER TRAVEL EXPENSE SHEET

*State of Wisconsin Employees should **not** complete this form.
 They may claim expenses from their agency via the existing travel voucher/travel expense report.*

1. Panel Member's Name, Address, and Social Security Number*	2. HR Contact Name, Organization, and Phone Number
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* Social Security Number is required for tax reporting purposes.

3. Title, Type, Date, and Location of Assessment

4. Expenses

<u>MEALS</u>									
Date	No. Miles traveled round trip by car	_____¢ per mile	Parking	Plane, bus, or train fare	Taxi fare	Hotel room	Morning	Noon	Evening
Totals			\$	\$	\$	\$	\$	\$	\$

Total Expense: \$	5. <input type="checkbox"/> Honorarium is requested. <input type="checkbox"/> Honorarium is not requested.
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6. I acknowledge that I have served as a panel member for the above-named assessment. I am requesting reimbursement for actual and reasonable expenses incurred with my participation on this assessment panel.

Signature _____

7. For HR use: Expenses: \$ _____ Honorarium: \$ _____ TOTAL: \$ _____	This board member: <input type="checkbox"/> is not a State of Wisconsin employee and served on this assessment panel for _____ day(s).
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