

SUPERVISOR TRAVEL WORKSHEET

Submit **MONTHLY** to

Caitlin Flannery, cflannery@wisc.edu, 262-1652
Education Academic Services, 109 Education Building

Name: _____ Soc Security No.: _____ - _____ - _____

Mail check to: _____ Office address:
(include street, _____
city, and ZIP code) _____ Office phone:

Purpose of Trip: ***SUPERVISION*** Subject Area:

REMINDER: All claims will be processed according to the latest State rates and regulations. Include times leaving and returning and all allowable expenses. Indicate Car Fleet use only if you were placed on the Car Fleet waiting list and are claiming reimbursement for use of a privately-owned vehicle.

DATE	LEAVE/ RETURN	ITINERARY FROM / TO	BUS FARE/ MILEAGE	MEALS/ LODGING	TOTAL
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Your Signature _____ Date _____