

SUPERVISOR TRAVEL WORKSHEET
 Submit **MONTHLY** to
Caitlin Flannery, cflannery@wisc.edu, 262-1652
Education Academic Services, 116 Rust-Schreiner Building

Name: *USE OFFICIAL UNIVERSITY PAYROLL NAME* Soc Security No.: _____ - _____ - _____

Mail check to:
 (include street,
 city, and ZIP code)

Office address:

Office phone:

Purpose of Trip: *SUPERVISION*

Subject Area (*NOT C&I*)
 (ie, Elem. Ed., French, Music Ed., Science)

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
mm/dd/yr	8:00 – 9:30 am	Lv campus to Madison LaFollette HS	7 miles 1-way		
	9:30 – 10:45	Lv Madison LaFollette HS to Bird ES, Sun Prairie	6 miles 1-way		
	12:00 noon	Return to Campus	13 miles 1-way		
mm/dd/yr	10:00 am – 3:30 pm	Lodi HS (ret. campus)	46 miles R.T		
mm/dd/yr	8:00 am	Lv home (Middleton) to Middleton HS	2 miles 1-way		
	11:00 am	Lv Middleton HS Return to Campus	6 miles 1-way		
mm/dd/yr	1:30 pm	Lv campus to Sun Prairie HS	13 miles 1-way		
	3:30 pm	Ret home (Sun Prairie)	3 miles 1-way		
mm/dd/yr	10:00 am	Lv home (Middleton) to McFarland HS			
	11:30 pm	Ret home (Middleton)	18 miles (car fleet waiting list)		
mm/dd/yr	9:00 am	Lv campus to WI Div. of Voc. Rehab. 1819 Aberg Ave. Madison, WI 53704			
	2:00 pm	Ret. to campus	18 miles R.T.		

Total miles: 114 plus 18 wait-listed

Your Signature _____ Date _____