Wisconsin Cervid Farmers' Foundation

EXPENSE REIMBURSEMENT SUBMISSION FORM

NAME: ______________________________

ADDRESS: ______________________________

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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 voluntary basis for the Wisconsin Cervid Farmers' Foundation (WCFF). Paid employees may not be eligible for reimbursement.
* Expense reimbursements are at the discretion of, and must be approved by, the WCFF 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 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 rate for miles driven in service of charitable organizations. *(information from www.irs.gov)*
* Submit this form, with receipts, to the WCFF Treasurer:

  Carol Kubly, W3796 County Hwy EE, Monticello, WI 53570.