

Return form to Colleen Clary: Department of Biochemistry, University of Wisconsin-Madison  
433 Babcock Drive, Room 111  
Madison, WI 53706-1544 USA

**Original Receipts are required.** Please Email Colleen Clary with any questions: [caclary@wisc.edu](mailto:caclary@wisc.edu)

**DO NOT USE: Orbitz, Priceline, Hotels.com, or Hotwire.com**  
**to book airfare, hotel, or car rental.**

Name: _____		Date of Visit: _____	
Last 4 Digits			
Social Security #: _____		Business Address: _____	
Phone #: _____		_____	
Fax #: _____		_____	
Email : _____		Home Address: _____	
		(Check will be mailed to home address)	
		_____	
		_____	
U.S. Resident? : <input type="checkbox"/> Yes <input type="checkbox"/> No : Legal Resident of: _____ ( Copy of I-94 & passport was to have been provided during visit )			
Have you ever been an employee of UW: <input type="checkbox"/> No <input type="checkbox"/> Yes : From date & year _____ to date & year _____			

Purpose of Trip :  Invited Speaker  Employment Candidate

Advisory Committee  Confer with: \_\_\_\_\_

\_\_\_\_\_

Other - Please Explain: \_\_\_\_\_

\_\_\_\_\_

UW-Madison Host: _____			
Funding Information: <u>n/a</u>			
When you left your home or office:	_____	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
When you arrived back at home or office:	_____	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**EXPENSE BREAKDOWN:** Please note that the university requires **ORIGINAL** receipts.

<b>AIRFARE:</b>	\$ _____	Amount for reimbursement
<b>Origin airport:</b> _____		<b>Destination airport:</b> _____
<p><b>Receipt must include</b> itinerary, class of travel, and method of payment such as a cancelled check or the last 4-digits of the credit card number on the receipt. Need credit card statement if receipt does not show last 4- digits of credit card number. Airfare reference: <a href="http://www.bussvc.wisc.edu/acct/Policy/travel/airtrav.html">http://www.bussvc.wisc.edu/acct/Policy/travel/airtrav.html</a></p>		
<b>TAXI:</b>	\$ _____	Amount for reimbursement
<b>Origin:</b> _____		<b>Destination:</b> _____
<b>Receipts required</b>		
<b>OTHER (Please explain):</b> _____		

<b>LODGING:</b>	\$ paid by <b>biochem</b>	Deduct any food, phone, and incidentals from hotel bill
<p><b>Not to exceed maximum per diem rates.</b>                  Lodging reference: <a href="http://www.bussvc.wisc.edu/acct/Policy/travel/lodging.html">http://www.bussvc.wisc.edu/acct/Policy/travel/lodging.html</a>                  Domestic per diem rates can be found at <a href="http://www.uwsa.edu/fadmin/fppp/fppp36d.htm">http://www.uwsa.edu/fadmin/fppp/fppp36d.htm</a>                  Foreign per diem rates can be found at <a href="http://aoprals.state.gov/web920/per_diem.asp">http://aoprals.state.gov/web920/per_diem.asp</a></p>		
<p><b>Receipt must be</b> itemized and show number of occupants, method of payment, and zero balance.</p>		

<b>MEALS:</b>	<p><b>Itemized and Credit Card Receipts required.</b> Not to exceed daily maximums.                  To claim <i>breakfast</i> during travel, must leave before <b>6 am</b>; <i>lunch</i> if leaving before <b>10:30 am</b> or returning after <b>2:30 pm</b>; <i>dinner</i> if returning after <b>7 pm</b>.</p>			
	<b>Maximums</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
<b>Date:</b>	<b>For meals in WI:</b>	<b>\$8.00</b>	<b>\$10.00</b>	<b>\$20.00</b>

<b>MISCELLANEOUS:</b> Such as tolls, parking, business phone calls, internet, ect. <b>Receipts are required.</b>		
<b>Date:</b>	<b>Amount:</b>	<b>Explanation:</b>