Travel Voucher Department of Military Affairs								s. 16.53, Wis. Stats.					DOCUMENT NUMBER				
								Employee ID Number					Dhana	Mumahar			
State Officer or Employe Name:								Residence Street Address					Pnone	Number		Perm	Proj. LTE
KAREN BEHLING																	
MM/YY Travel Dates From: 01/00/00 To 01/00/00)	City State Zip + 4									1 1	
Appropriation		Department		Account		Project		Program (Building)		Activity				Location		Amount	Credit
								(Dullulling)							Deb	л	Credit
				+		+											
					+		 										
								T			ı			Total:		I	
DATE		FFICIAL BUSINESS	In-State Travel?	TRAVEL POINTS		HDQS. TIME		Personal Vehicle	Mode of	LODGING (amt paid or pmt method)	MEALS, including ti				llowable Total Al enses Expe		
	EXPLAIN PURPOSE OF TRIP			FROM	ТО		RETURN	Miles	Travel	,	MORNING	NOON	EVENING	ITEM	AMOUNT	TAXABLE	NON-TAXABLE
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
																\$0.00	\$0.00
*Item billed directly to the state agency. Sub Totals						0		\$0.00	0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		
Notes:							0		\$0.510 \$0.352	_	\$0.00 \$0.00		T	OTAL MILE	AGE COSTS	\$0.00	
								0	0 Miles at \$0.285 per mile = \$0.00							TOTALS	
I declare, under penalties of perjury, that all claimed travel expenses are true and correct and are in conformity with Wis. Stat. 16.53 and related									I certify that all expenses on this voucher conform to statutory, departmental or applicable collective bargaining provisions, and were necessary in the official performance of duties required by the State.							TOTAL \$0.00	
agreements. This portion was previou	ciaim represents isly reimbursed to	reasonable and actual expenses nec o me by the State or any other source	Expenditures are determined to be reasonable and proper, and that sufficient funds are available to pay this claim.						LESS TRAVEL \$0.00								
Date Claimant's Signature I certify that this travel claim is reasonable, proper, and in conformity with applicable statutes, travel schedule amounts, and/or collective bargaining															NET AMOUNT DUE	\$0.00	
I certify that this tra agreements.	vel claim is reaso	nable, proper, and in conformity with	applicable sta	tutes, travel schedu	ile amounts, and/oi	collective bargai	ining	Audited in acco	ordance with S. 16.5	3 Wis.Stats. and allowed b	by the provision	s of Ch. 20:					
Date											version '	1/17/2017					