

State of Wisconsin
 Department of Natural Resources
 PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

EXPENSE REPORT
 (Conservation Congress Only)
 Form 9300-139C (R 08/2024)

Last Name	First Name	MI	Justification of Exceptions:
Home Address			
City	State	ZIP Code	

MM / DD	Business Purpose of Travel	City of:		Time of:		Private Vehicle			Lodging Use (X) if Direct Billed	Meals Incl. Tax & Tip			Other Allowable Items		Total for Day
		Departure	Destination	Departure	Return	Miles	Rate	Amount		morn.	noon	Even.	Item:	Amount:	
Totals															

Amount	GL Business Unit	Budget Ref	Fund	APPR	Department ID	Account Code	PC Business Unit	Project ID	ACTV	Source Type	Category ID	Subcategory ID
\$	37000		21200	86100	3708821104	7340000	37000	3700000000000003	PROGRAMMGMT	TRAVL	CTY00	LS001

Certification

CLAIMANT'S STATEMENT, S. 16.53, Wis. Stats.: I declare, under penalties of perjury, that this account of travel expenses is true and correct and in conformity with applicable Wisconsin statutes and related travel guidelines and instructions or pertinent collective bargaining agreements. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of my official duties and no portion of this claim was provided free of charge or covered by a special registration fee, or previously reimbursed to me by the State of Wisconsin or any other source.

Claimant's Signature: _____ **Date Signed** _____

Authorizer's Attestation: I certify that I have reviewed this travel claim and find it to be reasonable, proper, and in conformity with applicable statutes, travel guidelines, and/or collective bargaining agreements, to the best of my knowledge.

Authorizer's Signature: _____ **Date Signed** _____

Audited pursuant to Chapter 16 of the Wisconsin Statutes and allowed in accordance with the provisions of Chapter 20 as shown above. Certified to the State Treasurer payable from fund shown above. Materials and/or services claimed certified as having been received or delivered.