COMPLETE YOUR TRAVEL VOUCHER

(PROFESSIONAL LICENSING BOARDS & LEGISLATORS)

SAO Quality Assurance

SAO.WYO.GOV

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INTRODUCTION

This "How To" Guide will help users, specifically professional licensing boards' board members or legislators, ensure they have properly filled out their travel reimbursement correctly! It will cover the following forms with detailed examples:

- WOLFS-104 and WOLFS-104a (Professional Board Travel Reimbursement)
- WOLFS-112
- WOLFS-104b
- WOLFS-104c
- One Day Meal Reimbursements

NOTE: This guide does not include travel instructions for State of Wyoming employees. Please refer to the "How to Complete Your Travel Voucher" Guide for specific instructions on completing travel vouchers for those particular individuals.

RESOURCES AVAILABLE TO AIDE IN COMPLETING REIMBURSEMENT FORMS

- Travel Related Documents on the SAO Website:
  - SAO Quality Assurance Travel Related Documents
    - Governor's Memo on Mileage Rate of Personal Vehicles
    - Governor's Memo on Federal Travel Rates
    - Executive Order 2007-2 Foreign Travel Approval
    - A&I Vehicle Use Policies and Procedures
    - … and much more!
  - Current Federal Travel Per Diem Rates
    - Search by State
    - Wyoming's Rates
    - M&IE Breakdown
- WOLFS Downloads & Forms on the SAO Website
  - WOLFS-104 Travel Expense Voucher
  - WOLFS-104c Certification Statement for Receipts Lost, Misplaced, or Not Received
  - AUD/EXP MEAL EXPENSE – Per Diem Voucher for One-Day Round Trips
- Vendor Management Packet on the SAO Website
- State of Wyoming Travel Request Form (Replaces A&I 25 Form) on A&I's Website

- Still have questions? Contact saoqualityassurance@wyo.gov any time!!

TRAVEL REIMBURSEMENT OVERVIEW

Legislators and Board Members are entitled to reimbursement for certain travel expenses when required for official business. Claimants for travel reimbursement must sign and certify travel vouchers (WOLFS-104 Form). The executive director, or his designee, must approve the claim for payment. The executive director is responsible to determine the validity of each claim. Legislators or board members shall not approve their own claims.

Each claimant (board member) who seeks reimbursement under W.S. 33-1-302(a)(vii), W.S. 8-1-103(a)(ix), W.S. 28-5-101(b), W.S. 28-5-102, W.S. 9-3-102 or W.S. 9-3-103, and each Executive Director, designee, fiscal personnel and WOLFS computer system user is responsible to know and follow these statutes.

Boards are also encouraged to continue working on their own travel policies to supplement the above mentioned statutes. These policies, however, should comply with statutory requirements, Executive Orders, memoranda from the Governor, and memoranda from the State Auditor's Office. Several parts of the travel reimbursement statutes allow discretion by the executive director and board. Those areas are all open to policy development by the individual board.

- Applies to all overnight trips.
- Applies to one-day trip when claimant seeks reimbursement for transportation expenses.
    - If claimant is also seeking meal expense reimbursement for a one-day trip, then the claimant must provide both the WOLFS-104 for the transportation expenses and the One-Day Meal Reimbursement Form for the meals (if permitted by the board's travel policy).
        - SAO needs this separate form so it can properly report income for payroll taxes per IRS Regulations.
- Must be signed by claimant and approved by the appropriate personnel.

REQUIREMENTS PRIOR TO TRAVEL

- All travel must be approved by the executive director prior to any travel arrangements being made.
    - State of Wyoming Travel Request Form (Replaces A&I 25 Form)
    - Executive Order 2007-2 Foreign Travel Approval
- Any new claimant who submits their first voucher for reimbursement of travel expenses must fill out a VENDOR MANAGEMENT PACKET, which must be entered into the WOLFS system to process the payment.

Revised 10/01/09

STATE OF WYOMING

WOLFS-104 TRAVEL EXPENSE VOUCHER

AGENCY OPTIONAL USE
Approval #1
Approval #2
Approval #3

DOCUMENT ID:
GAX DEPT. DOCUMENT NO. BFY DATE: MM DD YY

CLAIMANT STATUS:
- State Employee
- Contract Employee
- Legislator or Brd/Comm Member paid as a Leg.
- Brd/Comm Member paid as a State Employee
- Other

CLAIMANT INFORMATION
Claimant Number: VC
Invoice Number:
Name:
Address (street/box):
City: State ZIP

REASON FOR TRAVEL: Give specific reason for travel

Actual Expense Continuation Sheet, WOLFS-104B attached

MODE OF TRAVEL - Check appropriate box(es).
- State Plane
- Commercial Plane
- State Vehicle
- Personal Vehicle (PV)
- Other - Describe:

TRAVEL SUMMARY

Date	Travel From City/Place	Travel To City/Place	Legis Daily Reimb. Rate	Actual Lodging Expense	Federal Lodging Reimb. Rate	Federal M&IE Reimb. Rate	Deductible Meals			Claimant M&IE	Mileage			Total
							Bkfast	Lunch	Dinner		Miles	Rate Per Mile	Amount	
										-			-	-
										-			-	-
										-			-	-
										-			-	-
										-			-	-
										-			-	-
										-			-	-
		TOTALS	$ -	$ -						$ -			$ -	$ -

OTHER REIMBURSABLE EXPENSES

Date	Description	Amount
	Total Listed Reimb. Expenses (Including Continuation Sheet)	$ -

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

Date	Description	Amount
	Total Listed Transportation Expenses (Other Than Mileage)	$ -

REMARKS

FORMS TOTALS

Total WOLFS-104	$ -
Total WOLFS 104b	$ -
TOTAL CLAIM	$ -
Total WOLFS-112	$ -
Out of Balance Condition	$ -

CLAIMANT CERTIFICATION - REQUIRED

I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303:
1. This voucher is for travel on official business of the State, and is true and accurate.
2. Each claimed expense is allowable to me under W.S. 9-3-102 or 9-3-103, executive orders and direction, agency policy, and SAO Travel Instruction.
3. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.
4. The State of Wyoming has not paid or incurred any of the expenses claimed in this voucher.

Claimant Signature (in ink) Date

VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL - REQUIRED

This voucher is approved for payment. W.S. 9-3-102(a)(ii) states, "The head of the agency to be charged for the expenses, or his designee, shall approve the claim for payment. State officers or employees shall not approve their own claims. The head of the agency is responsible to determine the veracity of each claim[.]"

Agency Head/Designee Date

AGENCY INTERMEDIARY APPROVAL - OPTIONAL

I have read W. S. 9-3-102 and 9-3-103, the current Travel Instructions and Forms provided by the State Auditor's Office, applicable Executive Orders or memoranda, and any applicable agency travel policy. This voucher appears to comply with all applicable requirements for payment.

Agency Fiscal Approver Date

WOLFS-104a Travel Expense Voucher Continuation Sheet

VC _____ Claimant Number

_____ Invoice

Date	Travel From City/Place	Travel To City/Place	Legis. Daily Reimb. Rate	Acutal Lodging Expense	Federal Lodging Reimb. Rate	Federal M&IE Reimb. Rate	Deductible Meals			Claimant M&IE	Miles	Milage Rate Per Mile	Mileage Reimb.	Total
							Bkfast	Lunch	Dinner					
										-			-	$ -
										-			-	$ -
										-			-	$ -
										-			-	$ -
										-			-	$ -
										-			-	$ -
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										-			-	$ -
										-			-	$ -

OTHER REIMBURSEABLE EXPENSES

Date	Description	Amount

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

Date	Description	Amount

DETAILS ON HOW TO COMPLETE EACH SECTION OF THE WOLFS-104 FORM BY SECTION

(INCULDING WOLFS-104a)

DOCUMENT ID

	DEPT.	DOCUMENT NO.	BFY		MM	DD	YY
GAX				DATE:			

- This section is generally completed by the Agency Fiscal Personnel.
  - GAX - Indicates the WOLFS system transaction type.
  - DEPARTMENT - Enter the agency's three-digit identification number.
  - DOCUMENT NUMBER - Agency Fiscal Personnel will complete this section with the unique number assigned by the WOLFS system when the voucher is entered.
  - BUDGET FISCAL YEAR (BFY) - Put in the budget fiscal year for the transaction.
  - DATE - Enter the date the agency WOLFS user prepares the form.

CLAIMANT STATUS

☐ State Employee	☐ Legislator or Brd/Comm Member paid as a Leg.	☐ Other _____
☐ Contract Employee	☐ Brd/Comm Member paid as a State Employee	

- Check the appropriate box showing the claimant status: State employee, Legislator or Board or Commission Member paid as a Legislator, Contract Employee, Board or Commission member paid as a State Employee, or Other (with appropriate description if that box is checked).

NOTE: The way the form automatically calculates depends on which checkbox is checked. For example, if you check the box labeled "Legislator or Brd/Comm Member paid as a Leg", you must use the Legis Daily Reimb. Rate column to report lodging and meal reimbursement. Likewise, if you select the "Brd/Comm Member paid as a State Employee" checkbox, you can use the Actual Lodging Expense, Federal Lodging Reimb. Rate, or Federal M&IE Reimb. Rate columns to record lodging and meals.

CLAIMANT INFORMATION

Claimant Number:	VC
Invoice Number:	
Name:	
Address (street/box):	
City:	**State** **ZIP**

- Any new claimant who submits their first voucher for reimbursement of travel expenses must fill out a VENDOR MANAGEMENT PACKET, which must be entered into the WOLFS system to process the payment.
  - CLAIMANT NUMBER
    - Enter the claimant's VC number.
  - INVOICE NUMBER
    - Enter the invoice number for this claim.
    - The Executive director must determine and document, as an internal control procedure, how to standardize the invoice numbers to prevent duplicate payments.
    - An example could be the date of the first day of travel followed by the claimant's first initial and last name (i.e. 05142016JDoe if the first day of travel was May 14, 2016 and claimant's name was John Doe).
  - CLAIMANT'S NAME, ADDRESS, CITY, STATE and ZIP
    - The claimant's name must match the name that is signed on the Claimant Certification line.

REASON FOR TRAVEL

REASON FOR TRAVEL: Give specific reason for travel

- The reason for travel must be **specifically stated**.
- It is necessary so that there is documentation of a work-related purpose for the travel. "Official business" or "State Business" is too general.
- Agency controls may require a project number or other specific information to be included in this area. Check with your Agency's Fiscal Personnel as to what your agency requires to be entered into this field.

MODE OF TRAVEL

MODE OF TRAVEL - Check appropriate box(es).

☐ State Plane ☐ State Vehicle ☐ Other - Describe: _____

☐ Commercial Plane ☐ Personal Vehicle (PV)

- The appropriate box(es) must be checked.
- This includes State or commercial airplane, personal vehicle, State vehicle or other, with a description space.
- If a claimant is traveling using more than one method, both methods must be checked.
  - *For example, if a claimant uses a State vehicle to travel to an airport where they are boarding a commercial flight, they must check "State Vehicle" and "Commercial Plane".*

ACTUAL EXPENSE CLAIM BOX

☐ **Actual Expense Continuation Sheet, WOLFS-104B attached**

- Check this box if claimant is seeking actual expense reimbursement.
- Use the WOLFS-104b form in conjunction with the WOLFS-104.
  - Instructions on filling out the WOLFS-104b form can be found later in this guide.
- In order for an claimant to claim actual expenses, lodging or meals and other incidental expenses, the executive director must have given the claimant prior approval, and the pre-approval should be documented somewhere in the travel documentation.

TRAVEL SUMMARY

TRAVEL SUMMARY

Date	Travel From City/Place	Travel To City/Place	Legis Daily Reimb. Rate
		TOTALS	$ -

- Itemize all claimed reimbursements separately by date.
  - This includes any constructed travel or interrupted travel.
- Reimbursement Rate Method for in-state Travel
  - $109 per day (includes lodging, meals and incidental expenses) per W.S. 28-5-101(b)
- Actual Expense Method for out-of-state travel. Claimant is paid what he was actually charged for his meals, including tax and gratuity. Reimbursement must be supported with itemized receipts. Claimant may claim incidental expenses under the Actual Expense Method that were not allowed to be claimed under the M&IE Method. Refer to the WOLFS-104b Form for details on how record actual expenses for reimbursement.

- **TRAVEL SUMMARY: DATE & DESTINATIONS**

Date	Travel From City/Place	Travel To City/Place

  - DATE
    - All dates MUST be listed on the Travel Summary. This will include the departure date, return date, and all dates in between.
    - Each date must be listed on a separate line.
  - TRAVEL FROM CITY/PLACE
    - Enter the location where the claimant began official travel on the first line of the Travel Summary.
  - TRAVEL TO CITY/PLACE
    - Enter the destination where the claimant *obtained lodging*.
    - W.S. 9-3-102 (h)(i): "*Destination* means the location of the claimant at midnight, or if still traveling at midnight, the location where lodging is secured."

NOTE: Even if a claimant is working in one location all day, then travels to spend the night in a different location, the lodging and per diem rates will apply for the location where the claimant is spending the night, regardless of where he worked during the day.

Be sure to also include any constructed travel dates or interrupted travel dates in this section.

- **TRAVEL SUMMARY: LODGING**

Legis Daily Reimb. Rate

  - LEGISLATIVE DAILY REIMBRUSEMENT RATE (For in-state travel)
    - This is the amount of per diem rate payable to legislators each day as set out in W.S. 28-5-101(b), and to board and commission members if their respective statutes delineate reimbursement at the legislative per diem rate.

- **TRAVEL SUMMARY: MILEAGE**

Miles	Rate Per Mile	Amount
		-
		-
		-
		-
		-
		-
		-

  - Only include the number of miles traveled for State business.
  - Mileage should be computed by the nearest practical route.
- MILES
  - Enter the number of miles traveled. Agency may choose one of the following methods to compute miles traveled:
    - State of Wyoming map
    - Mileage table in the WOLFS-104 form
    - Google Maps (or other internet based mapping site)
- RATE PER MILE
  - Enter the rate at which reimbursement is authorized per mile.
  - W.S. 9-3-103 (a)(iii)
  - Governor's Memo on Mileage Rate of Personal Vehicles

NOTE: There is a separate rate for personal vehicle use depending on if a State car is available and the claimant chooses to take their own personal vehicle for convenience or extended travel, or if the claimant must take their own personal vehicle because a State car is unavailable.

- AMOUNT
  - Pre-calculated field on form.
  - The number of miles traveled multiplied by the applicable rate.

- **TRAVEL SUMMARY: TOTAL**

Total
-
-
-
-
-
-
-
$ -

- Pre-calculated filed on form.
- Total will populate based on information in the fields of the travel summary.
- It will add the lodging, meals (less any deducted meals), and mileage totals together.
- *The total will not calculate if the Date or Travel From/To columns are not filled in properly.*

OTHER REIMBURSABLE EXPENSES

Date	Description	Amount
	Total Listed Reimb. Expenses (Including Continuation Sheet)	$ -

- Legislators and board members required to travel overnight are normally entitled to "other reimbursable expenses" regardless of whether they receive the lodging reimbursement rate, the M&IE rate, actual expenses or any combination of them.
    - W.S. 9-3-102(a)
- "Other expenses that are inherently travel related and not included in the meal and incidental expense allowance." (W.S. 9-3-102(h)(iv))
- Original receipts/documentation should be provided when the reimbursable expense is over $15.00 (W.S. 9-3-102(a)(iii))

NOTE: Department specific policy may require receipts be submitted for every reimbursable expense with no minimum dollar threshold. Please check your department's specific policy.

- Examples of Other Reimbursable Expenses:
    - Registration/Conference Fees
    - Telephone calls for State business
    - Copy, fax and other similar charges as they pertain to authorized State business
    - Other reimbursable travel-related expenses as approved by the executive director or designee or set out in documented agency policy.
- Exclusions
    - Entertainment expenses
    - Personal Expenses incurred during travel, such as magazines, snacks, movie rentals, etc.
    - Personal travel insurance
    - Alcoholic beverages
    - Expenses of claimant's spouse or personal guest, except for necessary accompaniment for a person with disabilities
    - Optional entertainment/social events that occur in conjunction with conferences and seminars
- If the Other Reimbursable Expenses continues onto the WOLFS-104a Travel Continuation Sheet, the total will carry forward to the "Total Listed Reimbursable Expenses" cell on the WOLFS-104 form.

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

Date	Description	Amount
	Total Listed Transportation Expenses (Other Than Mileage)	$ -

- W.S. 9-3-103(a)(i) and (ii), and W.S. 9-3-103(b)
- Examples of Transportation Expenses (Other Than Mileage):
  - Airfare – the actual expense, not to exceed economy fare charged the general public, is reimbursable.
    - If deluxe accommodations are desired, the amount exceeding economy fare shall be paid personally by the board member.
  - Rental Cars – reimbursement is limited to reasonable rates determined by the administrative head of the agency.
  - Other – At the discretion of the administrative agency head, reimbursement may be authorized for actual but necessary vehicle parking fees, car wash expenses, toll fees, taxi fares, and taxi driver tips.
    - The statutes do not require reimbursement for the expenses set out in W.S. 9-3-103(b). That decision is left to AGENCY POLICY. If those expenses are allowed, the requirement for a receipt is also up to the agency, as is any dollar amount required for a receipt.
    - As a reminder, where the statutes do set a floor for required receipts, it is $15.00
- Exclusions:
  - W.S. 9-3-103(e): "No state official or board member shall receive transportation expense reimbursement when traveling from his residence to the place of his employment and return."
  - Traffic fines and tickets, including parking tickets.
  - Costs caused by claimant's error in the use of either a personal or State-owned vehicle (such as towing charges due to parking violations, locksmith fees related to locking keys inside vehicle, etc.).
- If the Transportation Expenses continues onto the WOLFS-104a Travel Continuation Sheet, the total will carry forward to the "Total Listed Transportation Expenses" cell on the WOLFS-104 form.

REMARKS

REMARKS	

- This space is for any explanation the claimant needs to provide under agency policy, or wants to insert as explanation.
- We encourage claimants or fiscal personnel to use this area to further explain if an item has had prior approval by the executive director, especially if the item appears questionable.

FORM TOTALS

Total WOLFS-104	$ -
Total WOLFS 104b	$ -
TOTAL CLAIM	$ -
Total WOLFS-112	$ -
Out of Balance Condition	$ -

- TOTAL WOLFS-104
  - This is the total amount being claimed from the information entered on the WOLFS-104.
  - This is an automated calculation within the Excel form.
  - The "Total WOLFS-104" should equal the total of the cross footings for each line.
  - This will include the amounts listed on the WOLFS-104a as well.
- TOTAL WOLFS-104b
  - This is the total from the WOLFS-104b.
  - This is an automated calculation within the Excel form.
- TOTAL CLAIM
  - This is the total amount being claimed for reimbursement.
  - The "Total Claim" should equal the total of the cross footings for each line and subtotals from the WOLFS-104, WOLFS-104a and WOLFS-104b.
  - This is an automated calculation within the Excel form.
- TOTAL WOLFS-112
  - This is the total amount being claimed for reimbursement on the WOLFS-112 Form.
  - This is an automated calculation within the Excel form.
- OUT OF BALANCE CONDITION
  - This box automatically populates a figure if there is a difference in the amounts on the WOLFS-104, WOLFS-104a, and WOLFS-104b from the appropriation lines on the WOLFS-112.

CLAIMANT CERTIFICATION

CLAIMANT CERTIFICATION - REQUIRED

I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303:

1. This voucher is for travel on official business of the State, and is true and accurate.

2. Each claimed expense is allowable to me under W.S. 9-3-102 or 9-3-103, executive orders and direction, agency policy, and SAO Travel Instruction.

3. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.

4. The State of Wyoming has not paid or incurred any of the expenses claimed in this voucher.

Claimant Signature (in ink) **Date**

- Claimant's signature must be the same as the claimant name in the Claimant Information block.
- Claimant, by signing his name, certifies the claim under penalty of false swearing W.S. 9-3-102(g).
- *Each agency should have a documented internal control procedure describing the agency process used to give reasonable assurance only certified claims are entered into WOLFS.*

VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL

VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL - REQUIRED

This voucher is approved for payment. W.S. 9-3-102(a)(ii) states, "The head of the agency to be charged for the expenses, or his designee, shall approve the claim for payment. State officers or employees shall not approve their own claims. The head of the agency is responsible to determine the veracity of each claim[.]"

Agency Head/Designee **Date**

- Agency approval is based on statutes, as well as Executive orders, memoranda from the Governor, the travel instructions, and applicable memoranda from SAO.
- These statutes require certain controls and assign responsibility.

AGENCY INTERMEDIARY APPROVAL

AGENCY INTERMEDIARY APPROVAL - OPTIONAL

I have read W. S. 9-3-102 and 9-3-103, the current Travel Instructions and Forms provided by the State Auditor's Office, applicable Executive Orders or memoranda, and any applicable agency travel policy. This voucher appears to comply with all applicable reqiuirements for payment.

Agency Fiscal Approver **Date**

- This may be used by the agency if its internal control procedures require intermediary approval from additional personnel.

AGENCY OPTIONAL USE

- This section is optional for agency use.
- May be used to track input into WOLFS.

WOLFS-112 CODING CONTINUATION SHEET

WOLFS-112 Coding Continuation

Claimant Number _____ Invoice _____

AGENCY AUTHORIZED USE ONLY

| LINE NO | EVENT TYPE | LINE DESCRIPTION | | |

WOLFS-104b ACTUAL EXPENSE SHEET

WOLFS-104b Actual Expenses Sheet

VC _____ Claimant Number

_____ Invoice #

TRAVEL SUMMARY

Date	Travel From to City/Place	Travel to City/Place	Actual Expense				Mileage			Total
			Lodging	Bkfast	Lunch	Dinner	Miles	Rate per Mile	Amount	
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
		Totals	-	-	-	-			-	-

OTHER REIMBURSABLE EXPENSES

Date	Description	Amount
	Total Other Reimbursable Expenses	-

INCIDENTAL EXPENSES

Date	Description	Amount
	Total Incidental Expenses	$ -

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

Date	Description	Amount
	Total Transportation Expenses (Other than Mileage)	-

EXPENSE CATEGORY TOTALS

Total Lodging	$ -
Total Meals	$ -
Total Mileage	$ -
Total Other Reimbursable Expenses	$ -
Total Incidental Expenses	$ -
Total Transportation Expenses (Other than Mileage)	$ -
Total WOLFS-104b	$ -

DETAILS ON HOW TO COMPLETE EACH SECTION OF THE WOLFS-104b FORM BY SECTION:

- Use the WOLFS 104b if claimant seeks payment for actual expenses for all categories of allowable expenses for **out-of-state travel.**
  - Lodging
  - Meals
  - Incidental Expenses
  - Reimbursable Expenses
  - Transportation Expenses
- Follow the "Requirements Prior to Travel" guidance noted previously.

Revised 10/01/09

STATE OF WYOMING
WOLFS-104 TRAVEL EXPENSE VOUCHER

AGENCY OPTIONAL USE
Approval #1
Approval #2
Approval #3

DOCUMENT ID:
GAX DEPT. DOCUMENT NO. BFY DATE: MM DD YY

CLAIMANT STATUS:
☐ State Employee
☐ Contract Employee
☐ Legislator or Brd/Comm Member paid as a Leg.
☐ Brd/Comm Member paid as a State Employee
☐ Other

CLAIMANT INFORMATION
Claimant Number: VC
Invoice Number:
Name:
Address (street/box):
City: State ZIP

REASON FOR TRAVEL: Give specific reason for travel

☐ Actual Expense Continuation Sheet, WOLFS-104B attached

MODE OF TRAVEL - Check appropriate box(es).
☐ State Plane
☐ Commercial Plane
☐ State Vehicle
☐ Personal Vehicle (PV)
☐ Other - Describe:

WOLFS 104 HEADER INFORMATION

- Fill out the top section of the WOLFS-104 Travel Expense Voucher as you would have for Reimbursement Rate.
- This includes: Document ID, Claimant Status, Claimant Information, Reason for Travel, and Mode of Travel.

☑ **Actual Expense Continuation Sheet, WOLFS-104B attached**

- Check the "Actual Expense Continuation Sheet, WOLFS-104b attached" check box.

WOLFS-104 REMARKS, TOTALS, AND CERTIFICATION

REMARKS

FORMS TOTALS

Total WOLFS-104	$ -
Total WOLFS 104b	$ -
TOTAL CLAIM	$ -
Total WOLFS-112	$ -
Out of Balance Condition	$ -

CLAIMANT CERTIFICATION - REQUIRED
I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303:
1. This voucher is for travel on official business of the State, and is true and accurate.
2. Each claimed expense is allowable to me under W.S. 9-3-102 or 9-3-103, executive orders and direction, agency policy, and SAO Travel Instruction.
3. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.
4. The State of Wyoming has not paid or incurred any of the expenses claimed in this voucher.

Claimant Signature (in ink) Date

VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL - REQUIRED
This voucher is approved for payment. W.S. 9-3-102(a)(ii) states, "The head of the agency to be charged for the expenses, or his designee, shall approve the claim for payment. State officers or employees shall not approve their own claims. The head of the agency is responsible to determine the veracity of each claim[.]"

Agency Head/Designee Date

AGENCY INTERMEDIARY APPROVAL - OPTIONAL
I have read W. S. 9-3-102 and 9-3-103, the current Travel Instructions and Forms provided by the State Auditor's Office, applicable Executive Orders or memoranda, and any applicable agency travel policy. This voucher appears to comply with all applicable reqiuirements for payment.

Agency Fiscal Approver Date

- See instructions for Remarks, Form Totals, Claimant Certification, Voucher Payment Agency Head/Designee Approval, and Agency Intermediary Approval in the WOLFS-104 explanation above.

WOLFS-104B – COMPLETE THE REMAINING SECTIONS ON THE WOLFS-104b.

TRAVEL SUMMARY

TRAVEL SUMMARY

Date	Travel From to City/Place	Travel to City/Place	Actual Expense				Mileage			Total
			Lodging	Bkfast	Lunch	Dinner	Miles	Rate per Mile	Amount	
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
		Totals	-	-	-	-			-	-

- TRAVEL SUMMARY: DATE & DESTINATION
  - DATE
    - All dates MUST be listed on the Travel Summary. This will include the departure date, return date, and all dates in between.
    - Each date must be listed on a separate line.
  - TRAVEL FROM CITY/PLACE
    - Enter the location where the claimant began official travel on the first line of the Travel Summary.
  - TRAVEL TO CITY/PLACE
    - Enter the destination where the claimant *obtained lodging*.
    - W.S. 9-3-102 (h)(i): "*Destination* means the location of the claimant at midnight, or if still traveling at midnight, the location where lodging is secured."
    - *Note: Even if a claimant is working in one location all day, then travels to spend the night in a different location, the lodging and per diem rates will apply for the location where the claimant is spending the night, regardless of where he worked during the day.*
    - *Be sure to also include any constructed travel dates or interrupted travel dates in this section.*
- TRAVEL SUMMARY: ACTUAL EXPENSE LODGING & MEALS
  - LODGING
    - Enter the actual expense for lodging, including tax, for each day of travel.
  - MEAL EXPENSES (Breakfast, Lunch, Dinner)
    - A meal is defined in W.S. 9-3-102(h)(iii): "Meal means expenses for breakfast, lunch, dinner and related tips and taxes, but does not include expenses incurred for alcoholic beverages, entertainment or any expenses incurred for other persons."
    - Receipts are required for all meals over $15.00, including tax and tip, unless the Agency's policy requires a receipt for all purchases. Refer to your Agency's Travel Policies.
    - *Note: If any expenses were paid for or billed directly to the State, they cannot be itemized as expenses to the claimant. For example, if a seminar registration fee included payment for a dinner and the claimant chose not to attend it and buy dinner elsewhere, the claimant may not be reimbursed for the expense of the dinner elsewhere.*
- TRAVEL SUMMARY: MILEAGE
  - See instructions for Mileage in WOLFS-104 explanation above.
- TRAVEL SUMMARY: TOTAL
  - This is the total amount being claimed for actual reimbursement for lodging and mileage expenses.
  - "Total Actual Lodging and Mileage Expenses" is an automatically calculated field in the Excel form and should equal the total of the cross footings for each line.

OTHER REIMBURSABLE EXPENSES

OTHER REIMBURSABLE EXPENSES

Date	Description	Amount
	Total Other Reimbursable Expenses	-

- See instructions for Other Reimbursable Expenses in WOLFS-104 explanation above.

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

Date	Description	Amount
	Total Transportation Expenses (Other than Mileage)	-

- See instructions for Transportation Expenses in the WOLFS-104 explanation above.

INCIDENTAL EXPENSES

INCIDENTAL EXPENSES

Date	Description	Amount
	Total Incidental Expenses	$ -

- Incidental expenses are not the same under Wyoming statutes as "Reimbursable Expenses".
- W.S. 9-3-102 (h)(ii) defines incidental expenses as "…fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards, or stewardesses and others on ships and hotel servants in foreign countries."
- The executive director through agency policy may decide to set limits on the amount of "incidental expenses" to be reimbursed when the actual expense method is being used.
    - For example, the gratuity limit on meals could be set at 20% of the actual cost of the meal, excluding alcoholic beverages.
    - Fees and tips for skycaps, bellhops, porters, and hotel maids may also be specifically set out by the individual agency.
    - The State Auditor's Office does not dictate whether "incidental expenses" incurred under the actual expense method are reasonable; that decision lies with each Executive director.

EXPENSE CATEGORY TOTALS

EXPENSE CATEGORY TOTALS

Total Lodging	$ -
Total Meals	$ -
Total Mileage	$ -
Total Other Reimbursable Expenses	$ -
Total Incidental Expenses	$ -
Total Transportation Expenses (Other than Mileage)	$ -
Total WOLFS-104b	$ -

- Total Lodging - the sum of all amounts in the "Actual Expense/Lodging" column this field will be calculated automatically.
- Total Meals - the sum of all amounts in the "Actual Expense/Breakfast, Lunch, and Dinner" columns will be calculated automatically.
- Total Mileage - the sum of all amounts in "Mileage/Amount" column will compute automatically.
- Total Other Reimbursable Expenses – the sum of all amounts in the "Total Reimbursable Expenses" column will compute automatically.
- Total Incidental Expenses – the sum of all amounts in the "Incidental Expenses" column will compute automatically.
- Total Transportation Expenses (Other than Mileage) – the sum of all amounts in the "Transportation Expenses (Other than Mileage)" column will compute automatically.

WOLFS-104C CERTIFICATION STATEMENT FOR TRAVEL RECEIPTS LOST, MISPLACED OR NOT RECEIVED:

When the statutes or agency policy require receipts and a receipt is not available, claimant may certify the expense on a WOLFS-104c Certification Statement of Travel Receipts Lost, Misplaced or Not Received.

This form can be found on the State Auditor's website.

STATE OF WYOMING

WOLFS-104c
Certification Statement for Travel Receipts Lost, Misplaced or Not Received

Claimant's Name: _____
Department: _____
VC #: _____

Company Name: _____
Date of Expense: _____
Description of Expense: _____
Amount: _____

Traveler's Certification:
I certify subject to the provisions of W.S. 6-5-303 and its penalties that the foregoing certification is an accurate statement attesting to the loss, misplacement or non-receipt of a receipt in accord with W.S. 9-3-103.

_____ _____
Signature Date

ONE DAY MEAL REIMBURSEMENT FORM

STATE OF WYOMING

ONE-DAY MEAL REIMBURSEMENT FORM

Employee Information

Name _____ Employee ID # _____

Payment will be made by Agency (Department or Division)

IMPORTANT: In the Reason for Claim Field, give the specific business reason for being away from headquarters. A receipt is required when a meal claimed exceeds $15.00, including gratuity and tax.

TOTAL REIMBURSEMENT	$ -

Trip 1									Select One	
Date	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	In-State	Out-of-State
			-				-	-		

Reason for Claim: _____

Trip 2									Select One	
Date	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	In-State	Out-of-State
			-				-	-		

Reason for Claim: _____

Trip 3									Select One	
Date	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	In-State	Out-of-State
			-				-	-		

Reason for Claim: _____

Trip 4									Select One	
Date	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	In-State	Out-of-State
			-				-	-		

Reason for Claim: _____

Trip 5									Select One	
Date	Destination City	M&IE Allowance for Destination	75% of Allowance	Actual Bkfast	Actual Lunch	Actual Dinner	Total Actual	Day Total Reimb.	In-State	Out-of-State
			-				-	-		

Reason for Claim: _____

CLAIMANT CERTIFICATION - REQUIRED

I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303:

1. This voucher is for travel on official business of the State, and is true and accurate.
2. Each claimed expense is allowable to me under W.S. 9-3-102 or 9-3-103, executive orders and direction, agency policy, and SAO Travel Instruction.
3. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.
4. The State of Wyoming has not paid or incurred any of the expenses claimed in this voucher.

Claimant Signature (in ink) _____ Date _____

VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL - REQUIRED

This voucher is approved for payment. W.S. 9-3-102(a)(II) states, "The head of the agency to be charged for the expenses, or his designee, shall approve the claim for payment. State officers or employees shall not approve their own claims. The head of the agency is responsible to determine the veracity of each claim[.]"

Agency Head/Designee Signature (in ink) _____ Date _____

Revised 1/26/09

ONE DAY MEAL REIMBURSEMENT FORM DISCUSSED (IF BOARD POLICY ALLOWS)

- If a board member wants to be reimbursed for one-day meals, the board member must prepare the One-Day Meal Reimbursement Form.
- Board members may receive reimbursement for "actual" meal expenses incurred while on a one-day round trip for official business.
- Total reimbursement for "actual" meal expenses cannot exceed 75% of the daily meal and incidental expense allowance for the location of the official business.
    - W.S. 9-3-102(b)
- Reimbursement for this type of expense must be included as part of the board member's gross taxable income.
- Voucher Coding
    - The pay event entry on the HR Payroll System will determine the object/sub-object in WOLFS.
- Frequency of Submission
    - Agency must set a monthly cut-off for the One-Day Meal Reimbursement form to be accepted for entry into the agency's monthly payroll process.
    - Any claim vouchers which do not meet the deadline will need to be entered into the following month's payroll process.
- Voucher contains only 5 one-day round trip claims. If a board member needs more than this during a payroll cycle, the board member must use a second form.
- Receipts are not required for meals unless the cost exceeds $15 for a meal, including tax and tip, unless the Agency's policy requires a receipt for all purchases. Refer to your Agency's Travel Policies.
    - Cannot include alcoholic beverages, entertainment, or any other expenses incurred for other persons.
- Requirements for Form Completion – For each one day trip where "actual" meal expense(s) are claimed, the following information must be listed:
    - Date
    - Destination city
    - Actual amount claimed for each meal, including gratuity and taxes
    - Total of amount(s) claimed for the date
    - M&IE allowance for destination
    - Describe the specific purpose of official business conducted
    - Certification by the board member and approval signature by the executive director or designee

PERSONAL TRAVEL COMBINED WITH STATE OFFICIAL BUSINESS

- INTERRUPTED TRAVEL:
  - Interrupted travel is defined as "an interruption of official duties in the middle of a business trip."
  - Travel expenses may be claimed up to the day interrupted travel begins.
  - Upon completion of the interrupted travel status, travel expenses may again be claimed.
  - *Prior approval of interrupted travel dates must be approved by the Agency Director prior to the trip.*
  - *The claimant must indicate on the travel voucher the times of day and dates when interrupted travel began and ended.*
- CONSTRUCTED TRAVEL:
  - "Constructed Travel" occurs when there is a delay before or after commencement of official travel.
  - If constructed travel is taken on "work days," the board member must take Annual Leave for the days they are on constructed travel.
  - Reimbursement for expenses, other than for transportation, will begin to accrue based on the date the claimant would have reasonably been expected to arrive at their official business destination.
  - Reimbursement for expenses will continue to accrue through the date the claimant would have been expected to return to their official business location or home.
  - *Prior approval of constructed travel dates must be approved by the Agency Director prior to the trip.*
  - *The claimant must indicate on the travel voucher the times of day and dates when constructed travel began and ended.*

IMPORTANT NOTES AND TIPS

- There are many times when travel is gray (not black and white).
- When there are questions about whether or not a charge is allowable, discuss with your agency director on what is appropriate.
    - Just remember, if the agency director makes exceptions for one board member, it needs to be standard for all board members.
- DOCUMENTATION, DOCUMENTATION, DOCUMENTATION!!!
    - Make sure there is documentation supporting the travel. This includes:
        - All required invoices for the board member's trip
        - Travel request forms
        - Conference Agendas if available
        - Documentation noting director approval if there is anything out of the ordinary.
- Travel reimbursement is ONLY for the board member claiming the reimbursement. A board member cannot claim another board member's reimbursement.
- M&IE Reimbursement Rate is the rate for the city the board member is **staying the night** in.
    - So, if a board member works all day in Jackson, then travels to Riverton and spends the night in Riverton, the per diem for that day would be the rate for Riverton.
- On the GSA Per Diem site, the counties are listed with a major city in the county (if the rates vary from the Standard Rate). If the board member is traveling to a city or town located in the county, but it is not specifically listed on the website, it will still follow the county's rate.
- M&IE is broken out into Breakfast, Lunch, Dinner and Incidentals on the GSA Per Diem site.
- If you are using a State Vehicle from Motor Pool, please review the A&I Vehicle Use Policies and Procedures.
- There is nothing in State Statute which indicates that there has to be a 50 mile limit for travel reimbursement.
    - Additionally, within the IRS Code, the 50 mile rule deals more with **moving expenses** rather than travel allowance. The IRS Code describes a "Sleep and Rest" criteria for reimbursing lodging and meals.
        - Was the board member required to be away from their permanent residence for longer than 24 hours, such that it was necessary for them to stop for substantial sleep or rest to properly perform their duties while traveling away from home on business?
        - In this case, the board member would be reimbursed for meals and lodging.
    - This should be pre-approved by your agency director as well.

SCENARIO 1: IN-STATE TRAVEL

- Joe, a board member, travels from Cheyenne to Jackson for a board meeting.
- Travel Dates are 2/6/16 through 2/12/16
- He will use the legislative daily reimbursement rate of $109 per night, as he was traveling in state.
- It is 432 miles from his office to the board meeting in Jackson.

Revised 7/7/14

STATE OF WYOMING
WOLFS-104 TRAVEL EXPENSE VOUCHER
Professional Board Travel Reimbursement

AGENCY OPTIONAL USE
Approval #1
Approval #2
Approval #3

DOCUMENT ID:
GAX | DEPT. | DOCUMENT NO. | BFY | DATE: MM DD YY | CLAIMANT STATUS: [x] Board/Comm Member

CLAIMANT INFORMATION
Claimant Number: VC
Invoice Number:
Name: Joe Board Member
Address (street/box): 1234 Main St.
City: Cheyenne State WY ZIP 82001

REASON FOR TRAVEL: Give specific reason for travel
Board Meeting in Jackson, WY

[ ] Actual Expense Continuation Sheet attached

MODE OF TRAVEL - Check appropriate box(es).
[ ] State Plane [ ] State Vehicle [ ] Other - Describe:
[ ] Commercial Plane [x] Personal Vehicle (PV)

TRAVEL SUMMARY

Date	Travel From City/Place	Travel To City/Place	Legis Daily Reimb. Rate	Actual Lodging Expense	Federal Lodging Reimb. Rate	Federal M&IE Reimb. Rate	Meals: Bkfast	Meals: Lunch	Meals: Dinner	Claimant M&IE	Mileage: Miles	Mileage: Rate Per Mile	Mileage: Amount	Total
02/08/16	Cheyenne	Jackson	109.00							-	432	0.540	233.28	342.28
02/09/16	Jackson	Jackson	109.00							-			-	109.00
02/10/16	Jackson	Jackson	109.00							-			-	109.00
02/11/16	Jackson	Jackson	109.00							-			-	109.00
02/12/16	Jackson	Cheyenne	109.00							-	432	0.540	233.28	342.28
										-			-	-
										-			-	-
		TOTALS	545.00	$ -						$ -			$ 466.56	$ 1,011.56

OTHER REIMBURSABLE EXPENSES

Date	Description	Amount
	Total Listed Reimb. Expenses (Including Continuation Sheet)	$ -

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

Date	Description	Amount
	Total Listed Transportation Expenses (Other Than Mileage)	$ -

REMARKS No state vehicle was available - used personal vehicle at rate of $0.54 per mile.

FORMS TOTALS

Total WOLFS-104	$ 1,011.56
Total WOLFS 104b	$ -
TOTAL CLAIM	$ 1,011.56
Total WOLFS-112	$ -
Out of Balance Condition	$ 1,011.56

CLAIMANT CERTIFICATION - REQUIRED
I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303:
1. This voucher is for travel on official business of the State, and is true and accurate.
2. Each claimed expense is allowable to me under W.S. 9-3-102 or 9-3-103, executive orders and direction, agency policy, and SAO Travel Instruction.
3. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.
4. The State of Wyoming has not paid or incurred any of the expenses claimed in this voucher.

Joe Board Member — Claimant Signature (in ink) — 2/16/16 Date

VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL - REQUIRED
This voucher is approved for payment. W.S. 9-3-102(a)(ii) states, "The head of the agency to be charged for the expenses, or his designee, shall approve the claim for payment. State officers or employees shall not approve their own claims. The head of the agency is responsible to determine the veracity of each claim."

Agency Head/Designee — 2/18/16 Date

AGENCY INTERMEDIARY APPROVAL - OPTIONAL
I have read W. S. 9-3-102 and 9-3-103, the current Travel Instructions and Forms provided by the State Auditor's Office, applicable Executive Orders or memoranda, and any applicable agency travel policy. This voucher appears to comply with all applicable requirements for payment.

Agency Fiscal Approver — Date

SCENARIO 2: OUT-OF-STATE TRAVEL

- Suzie, a legislator, travels from Cheyenne to Salt Lake City, Utah for a legislative convention.
- Suzie will be reimbursed for her actual expenses because she is traveling out of state. This will include her lodging, meals, incidental expenses and other reimbursable expenses.
    - Lodging: $189 per night
    - Meals: individual receipts must be maintained by legislator and provided for all meals over $15.00
    - Mileage: She traveled from Cheyenne to Denver International Airport – 107 miles each way
    - Convention Fees of $800 paid for by legislator
    - Incidental Expenses: Tips
    - Other Transportation Expenses: Flight, taxi fares, baggage fees and parking fees at Denver International Airport
    - Remarks were completed showing prior approval for out-of-state travel (actual reimbursement method)

Revised 7/7/14

STATE OF WYOMING
WOLFS-104 TRAVEL EXPENSE VOUCHER
Professional Board Travel Reimbursement

AGENCY OPTIONAL USE
Approval #1
Approval #2
Approval #3

DOCUMENT ID: GAX | DEPT. | DOCUMENT NO. | BFY | DATE: MM DD YY | CLAIMANT STATUS: [x] Board/Comm Member

CLAIMANT INFORMATION
Claimant Number: VC
Invoice Number:
Name: Suzie Legislator
Address (street/box): 555 Central Ave.
City: Cheyenne State WY ZIP 82001

REASON FOR TRAVEL: Give specific reason for travel
Western Slopes Legislative Convention

[x] Actual Expense Continuation Sheet attached

MODE OF TRAVEL - Check appropriate box(es).
[ ] State Plane [ ] State Vehicle [ ] Other - Describe:
[x] Commercial Plane [x] Personal Vehicle (PV)

TRAVEL SUMMARY

Date	Travel From City/Place	Travel To City/Place	Legis Daily Reimb. Rate	Actual Lodging Expense	Federal Lodging Reimb. Rate	Federal M&IE Reimb. Rate	Meals: Bkfast	Meals: Lunch	Meals: Dinner	Claimant M&IE	Mileage: Miles	Mileage: Rate Per Mile	Mileage: Amount	Total
										-			-	-
										-			-	-
										-			-	-
										-			-	-
										-			-	-
										-			-	-
										-			-	-
		TOTALS	-	$ -						$ -			$ -	$ -

OTHER REIMBURSABLE EXPENSES

Date	Description	Amount
	Total Listed Reimb. Expenses (Including Continuation Sheet)	$ -

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

Date	Description	Amount
	Total Listed Transportation Expenses (Other Than Mileage)	$ -

REMARKS Convention fees, airfare, baggage fees, taxi fares, parking fees, lodging, meals, mileage, tips
Actual rate approved by Executive Director on 1/19/16

FORMS TOTALS

Total WOLFS-104	$ -
Total WOLFS 104b	$ 2,619.15
TOTAL CLAIM	$ 2,619.15
Total WOLFS-112	$ -
Out of Balance Condition	$ 2,619.15

CLAIMANT CERTIFICATION - REQUIRED
I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303:
1. This voucher is for travel on official business of the State, and is true and accurate.
2. Each claimed expense is allowable to me under W.S. 9-3-102 or 9-3-103, executive orders and direction, agency policy, and SAO Travel Instruction.
3. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.
4. The State of Wyoming has not paid or incurred any of the expenses claimed in this voucher.

Suzie Legislator — Claimant Signature (in ink)
2/29/16 — Date

VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL - REQUIRED
This voucher is approved for payment. W.S. 9-3-102(a)(ii) states, "The head of the agency to be charged for the expenses, or his designee, shall approve the claim for payment. State officers or employees shall not approve their own claims. The head of the agency is responsible to determine the veracity of each claim."

Agency Head/Designee
3-2-16 — Date

AGENCY INTERMEDIARY APPROVAL - OPTIONAL
I have read W. S. 9-3-102 and 9-3-103, the current Travel Instructions and Forms provided by the State Auditor's Office, applicable Executive Orders or memoranda, and any applicable agency travel policy. This voucher appears to comply with all applicable requirements for payment.

Agency Fiscal Approver — Date

SCENARIO 2: OUT-OF-STATE TRAVEL (CONT.)

WOLFS-104b Actual Expenses Sheet

VC _____ Claimant Number _____ Invoice #

TRAVEL SUMMARY

Date	Travel From to City/Place	Travel to City/Place	Actual Expense				Mileage			Total
			Lodging	Bkfast	Lunch	Dinner	Miles	Rate per Mile	Amount	
02/21/16	Cheyenne	Salt Lake City, UT	189.00	4.52	12.44	37.00	107	.54	57.78	300.74
02/22/16	Salt Lake	Salt Lake City, UT	189.00	9.23	20.00	24.00			-	242.23
02/23/16	Salt Lake	Salt Lake City, UT	189.00	7.00	8.45	18.00			-	222.45
02/24/16	Salt Lake	Salt Lake City, UT	189.00	5.21	17.22	7.66			-	219.09
02/25/16	Salt Lake	Salt Lake City, UT	189.00	12.82	13.98	17.00			-	232.80
02/26/16	Salt Lake	Cheyenne		8.77	10.00		107	.54	57.78	76.55
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
		Totals	945.00	47.55	82.09	103.66			115.56	1,293.86

OTHER REIMBURSABLE EXPENSES

Date	Description	Amount
02/22/16	Convention Fees	800.00
	Total Other Reimbursable Expenses	800.00

INCIDENTAL EXPENSES

Date	Description	Amount
02/21/16	Taxi Tip	5.00
02/21/16	Concierge Tip	5.00
02/26/16	Taxi Tip	5.00
02/26/16	Concierge Tip	5.00
02/26/16	Hotel Maid Tip	10.00
	Total Incidental Expenses	$ 30.00

TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

Date	Description	Amount
02/21/16	Flight Denver to Salt Lake	128.42
02/26/16	Flight Salt Lake to Denver	128.42
02/21/16	Taxi fare	32.00
02/26/16	Taxi fare	28.45
02/21/16	Baggage	50.00
02/26/16	Baggage	50.00
02/26/16	Parking at DIA ($13/day x 6 days)	78.00
	Total Transportation Expenses (Other than Mileage)	495.29

EXPENSE CATEGORY TOTALS

Total Lodging	$ 945.00
Total Meals	$ 233.30
Total Mileage	$ 115.56
Total Other Reimbursable Expenses	$ 800.00
Total Incidental Expenses	$ 30.00
Total Transportation Expenses (Other than Mileage)	$ 495.29
Total WOLFS-104b	$ 2,619.15