



The Holmes
Partnership

Travel Expense Report

Please complete and sign this form, return it with your **ORIGINAL receipts secured to a sheet of paper** to receive your reimbursement. Please mail to Susan Butkovic, The Holmes Partnership, PO Box 11697, Milwaukee, WI, 53211-0697. If you have any questions please contact Susan at 414-229-5702 or susanb@holmespartnership.org. Thank you.

Name: _____

Home Mailing Address: _____

Social Security #: _____ n/a _____ Are you a U.S. Citizen? Yes _____ No _____

Phone: (____) _____ E-mail: _____

Travel Dates: _____ Location: _____

Purpose: _____

EXPENSES

Transportation (airfare, trainfare) _____

Meals (Include receipts for meals over \$10.00)

Breakfast \$10 per diem _____

Lunch \$10 per diem _____

Dinner \$20 per diem _____

Ground Transportation: Bus/Shuttle/Taxi _____

Lodging _____

Parking _____

Auto Mileage _____ miles @ .35 per mile _____

TOTAL _____

claimant's signature