



Multiple District 27-D2

2021-2022 Statement of Expenses

Expense Claims and receipts to be submitted for approval to:

Lion Daniel Wolfe
W804 Wolfe Lane
Stoddard, WI 54658
Phone: 608-457-2365
Cell: 608-769-3049
dwolfe9760@aol.com

Name & Office Held: _____

Address: _____

City & Zipcode: _____

Travel/Event Dates: _____

Reason: _____

Please attach receipts for lodging and meals.

Item	# of Nights, Meals, & Mileage	Maximum Reimbursement	Sub-Total
Lodging		\$75 per night	
Meals		\$25 per meal	
Round Trip Miles		\$0.50 per mile	
Miscellaneous			

Total _____

Signature & Date: _____

**This form must be submitted in a timely matter and will not be accepted after the end of the fiscal year (June 30th).