

Voucher # _____

Request For Travel Advance University of Wisconsin – Eau Claire

Name: Last _____ Initial _____
 First **Sam** Initial **I**
 Mail Check Pickup Check ACH Direct Deposit Phone # **36-0302**
Special Instructions: Research participant incentives for "The Effects of Eating Green Eggs and Ham Here, There, or Anywhere."
 Approximately 26 participants will receive \$25 each.

Vendor#	# of Travelers	Date Required	Destination(s)	Amount (Omit Cents)
		March 17		
Instructions				
1. Consult UWEC Travel Regulations or institution policy for eligibility requirements. 2. Advance amount is limited to (100% group / 80% individual) reimbursable expenses for travel. 3. Exclude from estimate all costs to be billed to the University or which will be charged to your corporate card. 4. Estimate cannot exceed maximums without justification. Specify above. 5. The advance cannot exceed 30 days estimated expenses for domestic travel, 90 days for foreign travel. 6. Initiate request for travel advance form two weeks prior to departure. 7. Sign and forward form through regular channels. Retain traveler copy for submission with your travel expense report. Sign Original and initial Travel Clerk copy. 8. Submit the Original and Travel Clerk copies to Accounts Payable.				
Traveler Complete This Portion (See instructions on left)				
1. Estimated Reimbursable Expenses for Meals _____ days x \$_____ per day				\$ 0.00
2. Estimated Reimbursable Expenses for Lodging _____ days x \$_____ per day				\$ 0.00
3. Estimated Transportation Expenses <input type="checkbox"/> Air <input type="checkbox"/> RR or Bus <input type="checkbox"/> Auto				
4. Other (Specify) participant incentives				\$ 650.00
5. Subtotal of Reimbursable Expenses				\$ 650.00
6. Total Advance Allowed/Requested				

I certify that I have reviewed this form and find the estimated costs are reasonable based on the itinerary and that the request is otherwise proper and necessary.

Dept Chair/Supervisor _____ Date _____
 Account Responsible _____ Date _____
 Account Responsible _____ Date _____


Traveler – Signature Sam I Am Date March 2

A/P Approval _____ Date _____
 Original

Payment to Individual Report

UWSA

Business Unit:

Amount	Account	Fund	Org.	Prog.	Sub-class	Budget Year	Project	SS#, Taxpayer ID#, ITIN	Name (Last)	(First)	(Initial)
\$650.00		133		00		12	123456		Am	Sam	I
\$650.00											
<p style="text-align: center;">Business Office Use Only</p>											
Withheld (cr.)									Entertainer or Public Speaker Section <input type="checkbox"/> Yes <input type="checkbox"/> No Is individual an entertainer or public speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the entertainer or public speaker a Wisconsin Resident? Attach form WT-11 if provided by entertainer or public speaker		
Ent. Tax									Federal Tax Calculation (Business Office Use Only) Country Code: _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Withholding Rate: _____ Reason For Exemption: <input type="checkbox"/> U.S. Resident with SS# <input type="checkbox"/> Non-U.S. Source <input type="checkbox"/> Form 1001 <input type="checkbox"/> Form 4224 <input type="checkbox"/> Form 8233 <input type="checkbox"/> Other (Explain in area below)		
Net Amount									Scholarship/Fellowship Section Semester 1 Amount _____ Semester 2 Amount _____ Summer Amount _____ Award Date _____ Classification/Year _____ Dept. Chairperson / Project Director  Date <u>April 1</u>		
Mail to: Building/Street City/State/Zip									Dean / Director _____ Date _____		
Permanent Home Address (Required if different)									Student Financial Aids (Activity 9 Only) _____ Date _____		
If UW or State employe indicate department									Authorized Institutional Approval _____ Date _____		
Currently enrolled UW student				<input type="checkbox"/> Yes <input type="checkbox"/> No					Purpose of Payment (For Account 2162, itemize expenses and provide receipts.) Legal Resident of: _____		
Residency:				<input type="checkbox"/> U.S. Resident <input type="checkbox"/> Visa status if not US resident					See Attached		
Date(s) of Service									Ext.		
For more information, call:									Ext.		

Research Participant Incentives

Project Title: "The Effects of Eating Green Eggs and Ham Here, There, or Anywhere"

Name or Code	Purpose of Payment	Amount	Signature and Date
1. Little Cat A	Focus group interview	\$25	A 3/22
2. Little Cat B	Focus group interview	\$25	B 3/22
3. Little Cat C	Focus group interview	\$25	C 3/22
4. Little Cat D	Focus group interview	\$25	D 3/22
5. Little Cat E	Focus group interview	\$25	E 3/22
6. Little Cat F	Focus group interview	\$25	F 3/22
7. Little Cat G	Focus group interview	\$25	G 3/22
8. Little Cat H	Focus group interview	\$25	H 3/22
9. Little Cat I	Focus group interview	\$25	I 3/22
10. Little Cat J	Focus group interview	\$25	J 3/22
11. Little Cat K	Focus group interview	\$25	K 3/22
12. Little Cat L	Focus group interview	\$25	L 3/22
13. Little Cat M	Focus group interview	\$25	M 3/22
14. Little Cat N	Focus group interview	\$25	N 3/22
15. Little Cat O	Focus group interview	\$25	O 3/22
16. Little Cat P	Focus group interview	\$25	P 3/22
17. Little Cat Q	Focus group interview	\$25	Q 3/22
18. Little Cat R	Focus group interview	\$25	R 3/22
19. Little Cat S	Focus group interview	\$25	S 3/22
20. Little Cat T	Focus group interview	\$25	T 3/22
21. Little Cat U	Focus group interview	\$25	U 3/22
22. Little Cat V	Focus group interview	\$25	V 3/22
23. Little Cat W	Focus group interview	\$25	W 3/22
24. Little Cat X	Focus group interview	\$25	X 3/22
25. Little Cat Y	Focus group interview	\$25	Y 3/22
26. Little Cat Z	Focus group interview	\$25	Z 3/22
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