disabilityrights wisconsin

		DRW Credit Card Exp	ense Form		
Name Month Covered (e.g. March 2022)			Need to Make Changes after Signing? Right click on your signature and select Clear,		
			make your change		
\ 3	/ 1	CREDIT CARD CH	ARGES		
Date	Description (include name of vendor, item(s) purchased, and purpose of expense)		Class and Client	Amount	
				Total Purchases:	
DEDU	CTIONS Note: Allowabl	e Meal Reimbursements In-state	are as follows: Brea	kfast \$9; Lunch \$11;	Dinner \$21
Any pers	sonal or over limit costs to	o be deducted. Please describ	oe cost, e.g. "over	dinner amount on	2/1/20"
Date	Description of Deduction				Amount
				Total Deductions:*	
		*	To be deducted from no	ext cash reimbursement	
		Employee Signature Signing will save and email for			
	o view attachments, press ow the navigation pane,	Supervisor Signatu			

Signing will save and email form.

then select paperclip icon.