

# 7.13 Travel Expense for Use with Travel Cards

Procedure Number: 7.13  
Procedure Title: Travel Expense for Use with Travel Cards  
Original Issue Date: 03/06/1972  
Revision Date: 01/20/2010  
Appendices: None  
Forms: [Form 1423 R15 Travel Expense Rpt FOR USE w-TRAVEL CARD](#)  
Statutory References: None  
Ordinance References: 56.05  
Department Responsible for Updates: Comptroller  
Date for scheduled procedure review: 01/01/2019

## 1. OBJECTIVE

To establish an orderly procedure in accordance with Milwaukee County Ordinance 56.05 for the authorization and reimbursement of business related travel using a travel card for elected officials, officers, employees of Milwaukee County and municipal police officers.

## 2. DEFINITIONS

N/A

## 3. PROCEDURE

Comprehensive travel preparation and guidelines are outlined in 7.12, procedures for travel using a travel card should use Form 1423 R15. The following is a description of the changes made in Form 1423 R15 versus Form 1423 R14.

### Changes to Version R15 are these:

1. **Travel Card # (last 4 digits)** - This is a field in which you will enter the last 4 digits of the travel card used for the trip so that payments can be easily tracked back to the travel card used.
2. **Amount Paid by Travel Card** - This column will not be used for anything other than payments issued with a Milwaukee County travel card. If you do not use the travel card for a particular trip, this column will be blank. If you do use a travel card, enter by type of expense everything that is paid using it.
3. **Amount Paid by Federal Forfeiture** - This column will not be used by any department except the Sheriff's Department. If they do not use monies from the Forfeiture fund, this column will be blank. If they do use monies from the Forfeiture fund, they will enter by type of expense everything that is paid using it.

4. **Other Amounts Expensed** - This column will be used for everything else that is paid by any other means except a Milwaukee County Travel Card or the Sheriff's Federal Forfeiture Fund. It does not matter how it was paid. For example, the money could have been paid in cash, check, the employee's personal credit card or an advance from the Treasurer's Office etc. Enter other amounts paid by type of expense. Remember to attach paid receipts.
5. **Less Amount Advanced by Treasurer** - This is a field, not a column. This field is the total of all advance checks issued by the Treasurer's Office for any reason (i.e. Cash Advance, Hotel Advance, Airline Advance, Registration Advance). It should never contain any dollars that were NOT advanced on a check from the Treasurer's Office.
6. **Department Card Coordinator** signature block - This is a new signature field on the form. It is intended for the signature of your department's Milwaukee County Travel Card Coordinator. If the travel card was not used, this signature is not needed.
7. **The "Document Total" and "Total Expenses" fields** are both calculated by the form.

**This section tells you what has NOT changed on the form. You will continue to enter the following:**

- White fields are still fields you can enter data into, but Yellow fields are fields calculated by the form from the data you enter.
- A TE document ID, if one was issued (For example TE 370 009999)
- The employee's vendor number, name, title and location
- The trip's destination and its destination code(s)
- The "Document Total" field, which should match the "Total Expenses of the Trip" row's far right field
- The start & end dates, as well as, the start & end times for the trip
- The purpose of the trip and it's trip code
- The type of "Transportation" (i.e. air, bus etc)
- The number of nights stayed in a hotel if claimed.
- Explanations of unusual expenses or calculations go in the Explanation column.

The "Document Total" and "Total Expenses" fields are calculated by the form and will match the "Total Expenses of Trip" field, which is also calculated by the form.

#### 4. FORMS

The following attached forms are to be used in compliance with this procedure:

Form #	Form Title
1423 R15	<a href="#">Travel Expenses for Use with Travel Cards</a>

<b>TRAVEL EXPENSE REPORT</b> MILWAUKEE COUNTY Form 1423 R15		INSTRUCTIONS: See Section 5.11 of the County Administrative Manual				Employee No.
<b>TE</b>		Agency	Document Number (if TE document was entered)			
Employee Name (Last, First, MI)			Title		Employee Location (Building & Room #)	
Agency #	Organization	Destination (City, County and State)			1st Dest Code	2nd Dest Code
					\$	-
Start Date	Time	End Date	Time	Purpose of Trip	Trip Code	Travel Card # (last 4 digits)

		OTHER AMOUNTS EXPENSED	AMOUNT PAID BY TRAVEL CARD	AMOUNT PAID BY FED. FORFEIT. (FOR SHERIFF DEPT. USE ONLY)	TOTAL TRIP EXPENSE	EXPLANATION
TRANSPORTATION <small>(Attach ticket stub)</small>	TYPE					
HOTEL <small>(Attach ticket stub)</small>	No. NIGHTS					
MEALS/INCIDENTAL EXPENSES <small>(Attach ticket stub)</small>						
REGISTRATION FEES <small>(Attach paid receipt)</small>						
TELEPHONE/FAX <small>(Business only)</small>						
TAXI/LIMOUSINE <small>(Receipt required for any one-way fare over \$15.00)</small>						
AUTOMOBILE RENTAL <small>(Attach vendor's receipted invoice)</small>						
OTHER EXPENSE <small>(Attach receipts)</small>						
<b>TOTAL EXPENSES OF TRIP:</b>		\$ -	\$ -	\$ -	\$ -	
<b>LESS AMOUNTS PAID WITH TRAVEL CARD OR SHERIFF'S FEDERAL FORFEITURE ACCOUNT:</b>		▶			\$ -	
<b>LESS AMOUNT ADVANCED BY TREASURER:</b>		▶				
<b>AMOUNT DUE EMPLOYEE IF EXPENSES EXCEED AMOUNTS ADVANCED:</b>		▶			\$ -	
<b>AMOUNT DUE MILWAUKEE COUNTY IF ADVANCES EXCEED EXPENSES:</b>		▶			\$ -	

DEBIT/CREDIT ALLOCATION (For Use by Departmental Administrative Staff Only)								
Line #	Agcy	Org	Approp Unit	Activity	Function	Object	OBJECT ACCOUNT NAME	DOLLAR AMOUNT
(2)	(3)	(4)	(6)	(4)	(4)	(4)		
						5324	ONE DAY TRIP MEALS	
						6805	EDUCATION/SEMINAR FEES	
						6807	DP EDUCATION	
						6809	CONVENTION EXPENSE	
						6812	MEETINGS & OTHER AUTHORIZED TRAVEL	
						6999		
<b>Expense Report Balances</b>							<b>TOTAL EXPENSE:</b>	\$ -

CERTIFICATION	
<p>I hereby certify that the above expenses were incurred on County business and are correctly stated. I further certify that if I am being reimbursed for the use of my private automobile, I carry minimum liability insurance coverage of \$100,000/\$300,000/\$50,000 or a combined single limit of bodily injury and property damage of \$250,000 in any one accident, and said insurance is in force and that at the time of the trip I had a valid vehicle driver's license.</p>	
EMPLOYEE SIGNATURE	DATE:
DEPARTMENT CARD COORDINATOR	DATE:
APPROVED BY (SIGNATURE OF AUTHORIZED COUNTY ADMINISTRATOR)	DATE:

