



WISCONSIN EMERGENCY MANAGEMENT

Training and Exercise Section

INSTRUCTOR INVOICE - FOR PROFESSIONAL SERVICES

Training Course: _____ Date(s): _____

Training Location: _____ Sponsoring Agency: _____

Bill To:

Make Check Payable To:

Attn: Gary Wieczorek, Supervisor	Instructor Name:
Wisconsin Emergency Management	Address:
2400 Wright Street, Madison, WI 53707	City & ZIP:
Tax ID#	Phone:

Fees	Item	Date(s)	Amount
Instructor Fees (up to \$50 an hour)	N/A	Hours:	
Meals	Day 1	Breakfast	
(receipts not needed)		Lunch	
		Dinner	
	Day 2	Breakfast	
		Lunch	
		Dinner	
	Day 3	Breakfast	
		Lunch	
		Dinner	
Meals Sub Total			\$
Departure Time From Home	AM / PM		N/A
Return Time Back to Home	AM / PM		N/A
Miscellaneous Expenses (receipt(s) attached)			
Lodging (receipt(s) attached)	N/A		
Mileage	Miles @ .51		
Total Expenses			\$

I attest that the reimbursement request is accurate and for actual expenses incurred by me personally in the performance of official duties. I certify the work performed, as specified by dates provided in this invoice, is not dually compensated, that is, I was not being paid annual leave or compensatory time by another government entity while I was teaching for Wisconsin Emergency Management. If audited you will be required to show proof of other duty site work schedules during the specified timeframe. (This certification does not apply to private sector-funded courses.) I have attached the original training sign in sheet(s) and evaluations to this invoice for submittal.

Instructor Signature & Date: _____

State Invoice Number: _____

Account: _____

Approved: _____ **Date:** _____