

*Oct 2012 Conference Exhibit 21683(2)*

Individual UW Travel Expense Report

Traveler Information:

Full Name: Sabina L Burton Address: 5768 Maple Glen Ln  
 E-Mail: burtons@uwplatt.edu Platteville, WI 53818  
 Person ID: 00560896 Office Phone: (608) 342-1650  
 Institution: H - Platteville Department: Criminal Justice  
 HQ City: Platteville Employment: UW Employee

RECEIVED DEAN'S OFFICE

OCT 24 2012

COLLEGE OF LIBERAL ARTS AND EDUCATION

RECEIVED

OCT 29 2012

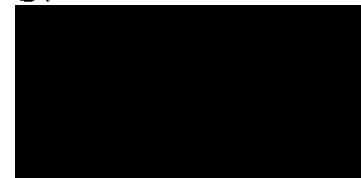
GL OFFICE

Trip Information:

Presenting at the Midwestern Criminal Justice Association Conference in Chicago  
 Departure: September 27, 2012 7:30 AM  
 Return: September 29, 2012 8:30 PM  
 Stayed at Conference Site? Yes  
 Fleet Car available? Yes  
 Fleet Car used? Yes  
 Authorized Driver

Direct Charges:

Students:



Reimbursements:

Travel: Car \$0.00  
 Registration: \$55.00  
 Lodging: \$384.14  
 Personal Miles: 0 @ \$0 = \$0.00  
 Breakfasts: 2 @ \$10.00 = \$20.00  
 Lunches: 3 @ \$10.00 = \$30.00  
 Dinners: 3 @ \$20.00 = \$60.00  
 Limited Reimbursement: \$0.00  
 Claimed Expenses: \$1468.58  
 Total Trip Cost: \$1468.58

Miscellaneous Expenses: *96.04/student for 2 nights (4 students) 922.84*  
 Parking at the hotel \$ 68.28 Hotel rooms for students for 2 nights \$ 40.00 for 3 students \$919.44  
 student registration at conference, \$ 28.30 student meals, \$ 12.00 Toll Road fee (paid in cash: 2x \$3, 4x \$1.50) *21.56*  
*86 @ \$20.80*  
*# 25*  
*# 10 student reg.*

Institutional Account Coding: 2162- 102-221030-2  
 2162- 102-221006-2  
 131-223163-6

*Under review to recover fund*

DIRECT DEPOSIT

NOV 16 2012

UW-P TRAVEL DEPT.

Amount: *CL*  
 822.00  
 818.36  
 # *Mon*  
 265.78  
 # 384.24 *Mon*  
*ell*

SIGNATURES & AUTHORIZATIONS

CLAIMANT'S STATEMENT, 16.83 Wisconsin Statutes. I declare (under penalties of perjury) this account of travel expenses is accurate and conforms with all applicable University and State regulations. The expenses are actual, reasonable, and were personally incurred in performance of my official duties. No portion of this claim was provided free of charge or paid by any other source.

Claimant's Signature:

*Sabina Burton* Date: 10/29/2012

Supervisor's Signature:

*Conrad* Date: 10/24/12 10/26/12

(Dept., Dean, etc...) I certify that I have reviewed this claim and find it to be reasonable and in compliance with travel policy and the mission of this department and institution.

Pre-Audit Signature:

*Jason Bradley* Date: 11/12/12

CAYWOOD EXHIBIT EEE - 001

UW-P 000586