OUTAGAMIE COUNTY

Direct Payment Voucher

*** CHECK NUMBER**

Do not duplicate this form! If additional barcodes are required, please email financeaccounting@outagamie.org. Department are to complete all fields except those printed in ***BOLD**. Please staple the original invoice to the back of the voucher in the upper left corner. Detach and PAPERCLIP all remittance information you want to send with the payment to the back of the voucher. If this check should not be mailed, check the box below, indicate who it should be returned to and highlight the name.

☐ Return check to: _____

Vendor Name: Dan Gabrielson

Vendor Number: 444365

Invoice Number: 9/23/2025

Invoice Amount: $22.45

Invoice Date: 9 / 29 / 2025

*** G/L DATE**

Due Date: 10 / 13 / 2025

Discount

Check Remark: 9/21 - 9/23/2025 WCA Conference--WI Dells--Mileage/Food/Tip

BARCODE MUST GO IN THE SQUARE BELOW

* DOCUMENT NUMBER

Account Number(s)			Subledger	Invoice Amount(s)
Fund/Cost Center	Object	Subsidiary		
1001600.5301				$16.95
1001600.5302				$173.75

Voucher Total $190.70

Karen Herman — Prepared by:

9/30/2025 — Date:

Department Head or Designee Approval: _____ Date: _____

Complete for new vendors, or address changes.

Street Address | City

State | Zip Code | Tax ID Number

Comments:

Reimbursement Food & Tip $16.95

Mileage $173.75

Outagamie County Travel Expense Documentation Form. (See Form Instructions)

0.70 Current mileage rate per mile 2025

Revised 01/01/2025

DATE: List each day seperately (Month - Day - Year)	Please specify the official business purpose including the city & state. List all employees, clients, non-county employees, or outside professionals included in the meals. Please see the County travel policy on the intranet, to determine if it meets the County's definition of a "business meeting". If this is for a meal while at training, a convention, or a seminar, that does not involve an overnight stay, use the TAXABLE meal column and do NOT check the business meeting box. WI Meal Allowances: Breakfast - $16, Lunch - $19, Dinner - $28, Incidentals $5=$68 Total	X If this qualifies as a Business Meeting	X If on over-night County Business	X If charged on County Credit Card (P-Card)	Non-taxable Business Expenses: Business Miles	Mileage Reimb.	Meal Expense(s) Breakfast	Lunch	Dinner	Lodging (Attach Folio)	Miscellaneous Specify Airfare, Taxi, Etc.	Daily Total Non-taxable	Taxable Meals: (See Instructions) Meal Expense(s) Breakfast	Lunch	Dinner	Daily Total Taxable
9/21/2025	Travel from Appleton to Wisconsin Dells for Wis Counties Assoc annual conf				112							78.40				
9/21/2025	Dinner meal at Ravina Bay Bar & Grill in Wisconsin Dells															
	Food $14.00															
	Tax $1.95 Subtotal $14.95															
	Tip $2.00 Total $16.95								$16.95			$16.95				
9/23/2025	Return travel from Wisconsin Dells WCA Conferena to Appleton				112							78.40				

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

Server: Altimont L Table 304
Check #55 9/21/25 6:58 PM
Ordered:

Input Type C (EMV Chip Read)
VISA CREDIT xxxxxxxx3390
Time 7:59 PM

Transaction Type Sale
Authorization Approved
Approval Code 07519D
Payment ID qCcTytyXbdiK
Application ID A0000000031010
Application Label VISA CREDIT
Terminal ID BBPOS
Card Reader

Amount $19.21
+ Tip: 4.00
= Total: 23.21

X DAN GABRIELSON

Customer Copy

RavinaBay.com

I drive my own vehicle. Mileage is reimbursable to me at the current I.R.S. approved rate of $ _____ per mile.

Total Non-Taxable: $190.70 **Total Taxable:**

Claimant Statement: *I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties by the public trust. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Administrative Rule AR05-01) and the Travel Regulation Policy (Administrative Rule AR04-01) and adhere to all provisions of them. These Administrative Rules can be obtained from the County's intranet site on the County Executive page, or contact your department head or supervisor for a copy.*

Dan Gabrielson 9/29/2025

Claimant's LEGIBLE Signature & Date: ***(If your signature is not easily legible, please print your name after your signature)***

Supervisor's LEGIBLE Signature & Date:

County Executive's Signature & Date: (Only required for department head travel)

OUTAGAMIE COUNTY

Direct Payment Voucher

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☐ Return check to: _____

Vendor Name: John Kostelny

Vendor Number: 1375525

Invoice Number: 9/23/2025

Invoice Amount: $184.20

Invoice Date: 9 | 23 | 2025

*** G/L DATE**

Due Date: 10 | 13 | 2025

Discount

Check Remark: 9/21 - 9/23/2025 WCA Conference--WI Dells--Mileage/Food

BARCODE MUST GO IN THE SQUARE BELOW

* DOCUMENT NUMBER

Account Number(s)			Subledger	Invoice Amount(s)
Fund/Cost Center	Object	Subsidiary		
1001600	5301			$158.20
1001600	5302			$26.00

Voucher Total $184.20

Karen Herman — Prepared by:

9-25-2025 — Date:

Department Head or Designee Approval: _____ Date: _____

Complete for new vendors, or address changes.

Street Address _____ City _____

State _____ Zip Code _____ Tax ID Number _____

Comments:

Reimbursement for Mileage 226 x .70 = $158.20

Food $26.00

Outagamie County Travel Expense Documentation Form. (See Form Instructions) — 0.70 Current mileage rate per mile 2025 — Revised 01/01/2025

DATE: List each day seperately (Month - Day - Year)	Please specify the official business purpose including the city & state. List all employees, clients, non-county employees, or outside professionals included in the meals. Please see the County travel policy on the intranet, to determine if it meets the County's definition of a "business meeting". If this is for a meal while at training, a convention, or a seminar, that does not involve an overnight stay, use the TAXABLE meal column ~~and do NOT~~ check the business meeting box. WI Meal Allowances: Breakfast - $16, Lunch - $19, Dinner - $28, Incidentals $5=$68 Total	X If this qualifies as a Business Meeting	X If on over-night County Business	X If charged on County Credit Card (P-Card)	Non-taxable Business Expenses: Business Miles	Mileage Reimb.	Meal Expense(s): Breakfast	Lunch	Dinner	Lodging (Attach Folio)	Miscellaneous Specify Airfare, Taxi, Etc.	Daily Total Non-taxable	Taxable Meals: (See Instructions) Meal Expense(s): Breakfast	Lunch	Dinner	Daily Total Taxable
9/21/25	WCA Conference: (Ravina Bar & Grill) see attached receipt								$26.00			$26.00				
9/21/25	WCA Conference Mileage 9155 Midpark Drive Appleton to Kalahari; and back (113×2 = 226 MILES) see yellow sticky				226							$158.20				
	I drive my own vehicle. Mileage is reimbursable to me at the current I.R.S. approved rate of $ ________ per mile.	Total Non-Taxable:			226				26.00			$184.20	Total Taxable:			

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

View check and pay now

Pay VISA mastercard DISCOVER

Scan to pay, get $10 credit

G Pay

Server: Altimont L
Check #56
Ordered:

Table 304
9/21/25 6:58 PM

1 Chicken Schnitzel	$26.00
1 16 oz Blue Moon	$5.75
Subtotal	$31.75
Tax	$2.15
Total	$33.90

RavinaBay.com

Claimant Statement: *I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties by the public trust. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Administrative Rule AR05-01) and the Travel Regulation Policy (Administrative Rule AR04-01) and adhere to all provisions of them. These Administrative Rules can be obtained from the County's intranet site on the County Executive page, or contact your department head or supervisor for a copy.*

[signature] Sept. 23, 2025 John Kostelny, Dist 6

Claimant's LEGIBLE Signature & Date: *(If your signature is not easily legible, please print your name after your signature)*

Supervisor's LEGIBLE Signature & Date:

County Executive's Signature & Date: (Only required for department head travel)

OUTAGAMIE COUNTY

Direct Payment Voucher

*** CHECK NUMBER**

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☐ Return check to: _____

Vendor Name: Debbie VanderHeiden

Vendor Number: 565010

Invoice Number: 9/23/2025

Invoice Amount: $202.20

Invoice Date: 9 / 23 / 2025

*** G/L DATE**

Due Date: 10 / 13 / 2025

Discount:

Check Remark: 9/21 - 9/23/2025 WCA Conference--WI Dells--Mileage/Food

BARCODE MUST GO IN THE SQUARE BELOW

* DOCUMENT NUMBER

Account Number(s)			Subledger	Invoice Amount(s)
Fund/Cost Center	Object	Subsidiary		
1001600.5301				$186.20
1001600.5302				$16.00

Voucher Total $202.20

Karen Herman — Prepared by:

9-25-2025 — Date:

Department Head or Designee Approval: _____ Date: _____

Complete for new vendors, or address changes.

Street Address | City

State | Zip Code | Tax ID Number

Comments:

Reimbursement for Mileage 266 x .70 = $186.20

Food $16.00

Outagamie County Travel Expense Documentation Form. (See Form Instructions)

0.70 Current mileage rate per mile 2025

Revised 01/01/2025

2025 DATE: List each day seperately (Month - Day - Year)	Please specify the official business purpose including the city & state. List all employees, clients, non-county employees, or outside professionals included in the meals. Please see the County travel policy on the intranet, to determine if it meets the County's definition of a "business meeting". If this is for a meal while at training, a convention, or a seminar, that does not involve an overnight stay, use the TAXABLE meal column and do NOT check the business meeting box. ***WI Meal Allowances: Breakfast - $16, Lunch - $19, Dinner - $28, Incidentals $5=$68 Total***	X If this qualifies as a Business Meeting	X If on over-night County Business	X If charged on County Credit Card (P-Card)	**Non-taxable Business Expenses:** Business Miles	Mileage Reimb.	Meal Expense(s) Breakfast	Lunch	Dinner	Lodging (Attach Folio)	Miscellaneous Specify Airfare, Taxi, Etc.	Daily Total Non-taxable	**Taxable Meals: (See Instructions)** Meal Expense(s) Breakfast	Lunch	Dinner	Daily Total Taxable
9/21-23	WCA Conferance	✓	✓	✓	266				16.00			$186.20 $16.00				

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

View check and pay now

Pay VISA DISCOVER mastercard

Scan to pay, get $10 credit

G Pay

Server: Altimont L
Check #53
Ordered:

Table 304
9/21/25 6:58 PM

1 Philly Cheese Stake Sandwich $16.00
1 Owl Oldfashioned $10.00

Subtotal $26.00
Tax $1.76
Total $27.76

RavinaBay.com

I drive my own vehicle. Mileage is reimbursable to me at the current I.R.S. approved rate of $ _____ per mile.		**Total Non-Taxable:**	266				16.00			$202.20	**Total Taxable:**				

Claimant Statement: *I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties by the public trust. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Administrative Rule AR05-01) and the Travel Regulation Policy (Administrative Rule AR04-01) and adhere to all provisions of them. These Administrative Rules can be obtained from the County's intranet site on the County Executive page, or contact your department head or supervisor for a copy.*

Nellie Vandenberg 9-23-25

Claimant's LEGIBLE Signature & Date: ***(If your signature is not easily legible, please print your name after your signature)***

Supervisor's LEGIBLE Signature & Date:

County Executive's Signature & Date: (Only required for department head travel)

OUTAGAMIE COUNTY

Direct Payment Voucher

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☐ Return check to: _____

Vendor Name: Cathy Spears

Vendor Number: 1104531

Invoice Number: 9/23/2025

Invoice Amount: $183.40

Invoice Date: 9 / 23 / 2025

*** G/L DATE**

Due Date: 10 / 13 / 2025

Discount:

Check Remark: 9/22 - 9/23/2025 WCA Conference--WI Dells--Mileage/Food

BARCODE MUST GO IN THE SQUARE BELOW

* DOCUMENT NUMBER

Account Number(s)			Subledger	Invoice Amount(s)
Fund/Cost Center	Object	Subsidiary		
1001600.5301				$155.40
1001600.5302				$28.00
			Voucher Total	$183.40

Karen Herman — Prepared by:

9-25-2025 — Date:

Department Head or Designee Approval: _____ Date: _____

Complete for new vendors, or address changes.

Street Address _____ City _____

State _____ Zip Code _____ Tax ID Number _____

Comments:

Reimbursement for Mileage 222 x .70 = $155.40

Food = $28.00

Outagamie County Travel Expense Documentation Form. (See Form Instructions)

0.70 Current mileage rate per mile **2025**

Revised 01/01/2025

DATE: List each day seperately (Month - Day - Year)	Please specify the official business purpose including the city & state. List all employees, clients, non-county employees, or outside professionals included in the meals. Please see the County travel policy on the intranet, to determine if it meets the County's definition of a "business meeting". If this is for a meal while at training, a convention, or a seminar, that does not involve an overnight stay, use the TAXABLE meal column and do NOT check the business meeting box. *WI Meal Allowances: Breakfast - $16, Lunch - $19, Dinner - $28, Incidentals $5=$68 Total*	X If this qualifies as a Business Meeting	X If on over-night County Business	X If charged on County Credit Card (P-Card)	Non-taxable Business Expenses: Business Miles	Mileage Reimb.	Meal Expense(s): Breakfast	Lunch	Dinner	Lodging (Attach Folio)	Miscellaneous Specify Airfare, Taxi, Etc.	Daily Total Non-taxable	Taxable Meals: (See Instructions) Meal Expense(s): Breakfast	Lunch	Dinner	Daily Total Taxable
10-22-25	WI Counties Assoc. Mtg								28.00			$28.00				
10-23-2	↓ Wisconsin Dells				222							$155.40				
I drive my own vehicle. Mileage is reimbursable to me at the current I.R.S. approved rate of $ ________ per mile.		**Total Non-Taxable:**			222				28.00			$183.40	**Total Taxable:**			

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

Server: Altimont L
Check #51 Table 304
Ordered: 9/21/25 6:58 PM

Input Type C (EMV Chip Read)
Discover xxxxxxxx5891
Time 7:54 PM

Transaction Type Sale
Authorization Approved
Approval Code 02110P
Payment ID YkkRkwJFLHTK
Application ID A0000001523010
Application Label Discover
Terminal ID
Card Reader BBPOS

Amount $34.70

\+ Tip: ____________

= Total: ____________

X ____________________
CATHERINE M SPEARS

Customer Copy

RavinaBay.com

Claimant Statement *: I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties by the public trust. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Administrative Rule AR05-01) and the Travel Regulation Policy (Administrative Rule AR04-01) and adhere to all provisions of them. These Administrative Rules can be obtained from the County's intranet site on the County Executive page, or contact your department head or supervisor for a copy.*

Cathy Spears 10-24-25
Claimant's LEGIBLE Signature & Date: ***(If your signature is not easily legible, please print your name after your signature)***

Cathy Spears 10-24-25
Supervisor's LEGIBLE Signature & Date:

County Executive's Signature & Date: (Only required for department head travel)

OUTAGAMIE COUNTY

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☐ Return check to: _____

Vendor Name: Michael Smith

Vendor Number: 1356869

Invoice Number: 9/23/2025

Invoice Amount: $174.29

Invoice Date: 9 / 23 / 2025

*** G/L DATE**

Due Date: 10 / 13 / 2025

Discount

Check Remark: 9/21 - 9/23/2025 WCA Conference--WI Dells--Mileage/Food

BARCODE MUST GO IN THE SQUARE BELOW

* DOCUMENT NUMBER

Account Number(s)			Subledger	Invoice Amount(s)
Fund/Cost Center	Object	Subsidiary		
1001600.5301				$154.00
1001600.5302				$20.29

Voucher Total $174.29

Karen Herman — Prepared by:

9-25-2025 — Date:

Department Head or Designee Approval: _____ Date: _____

Complete for new vendors, or address changes.

Street Address _____ City _____

State _____ Zip Code _____ Tax ID Number _____

Comments:

Reimbursement for Mileage 220 x .70 = $154.00

Food = $20.29

Outagamie County Travel Expense Documentation Form. **(See Form Instructions)** 0.70 Current mileage rate per mile **2025** Revised 01/01/2025

DATE: List each day seperately (Month - Day - Year)	Please specify the official business purpose including the city & state. List all employees, clients, non-county employees, or outside professionals included in the meals. Please see the County travel policy on the intranet, to determine if it meets the County's definition of a "business meeting". If this is for a meal while at training, a convention, or a seminar, that does not involve an overnight stay, use the TAXABLE meal column and do NOT check the business meeting box. ***WI Meal Allowances: Breakfast - $16, Lunch - $19, Dinner - $28, Incidentals $5=$68 Total***	**X** If this qualifies as a Business Meeting	**X** If on over-night County Business	**X** If charged on County Credit Card (P-Card)	***Non-taxable Business Expenses:*** Business Miles	Mileage Reimb.	Meal Expense(s) Breakfast	Meal Expense(s) Lunch	Meal Expense(s) Dinner	Lodging (Attach Folio)	Miscellaneous Specify Airfare, Taxi, Etc.	Daily Total Non-taxable	***Taxable Meals: (See Instructions)*** Meal Expense(s) Breakfast	Meal Expense(s) Lunch	Meal Expense(s) Dinner	Daily Total Taxable
9/21/25	Raving Bar & Grill								20.29			$20.29				
	Mileage from Appleton - Kalahari & Back				220							$154.00				
I drive my own vehicle. Mileage is reimbursable to me at the current I.R.S. approved rate of $.________ per mile.		**Total Non-Taxable:**			220				20.29			$174.29	**Total Taxable:**			

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

Server: Altimont L
Check #52 Table 304
Ordered: 9/21/25 6:58 PM

Input Type C (EMV Chip Read)
Mastercard xxxxxxxx4483
Time 7:54 PM

Transaction Type Sale
Authorization Approved
Approval Code 02146P
Payment ID yf97xphKcfkL
Application ID A0000000041010
Application Label Mastercard
Terminal ID
Card Reader BBPOS

Amount $20.29

+ Tip: ______

= Total: ______

X ______
MICHAEL SMITH

Customer Copy

RavinaBay.com

Claimant Statement: *I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties by the public trust. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Administrative Rule AR05-01) and the Travel Regulation Policy (Administrative Rule AR04-01) and adhere to all provisions of them. These Administrative Rules can be obtained from the County's intranet site on the County Executive page, or contact your department head or supervisor for a copy.*

Claimant's LEGIBLE Signature & Date: ***(If your signature is not easily legible, please print your name after your signature)***

Supervisor's LEGIBLE Signature & Date:

County Executive's Signature & Date: (Only required for department head travel)

OUTAGAMIE COUNTY

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☐ Return check to: _____

Vendor Name: Joy Hagen

Vendor Number: 1094096

Invoice Number: 9/23/2025

Invoice Amount: $186.80

Invoice Date: 9 / 23 / 2025

*** G/L DATE**: / /

Due Date: 10 / 13 / 2025

Discount: _____

Check Remark: 9/21 - 9/23/2025 WCA Conference--WI Dells--Mileage/Food & Tip

BARCODE MUST GO IN THE SQUARE BELOW

* DOCUMENT NUMBER

Account Number(s)			Subledger	Invoice Amount(s)
Fund/Cost Center	Object	Subsidiary		
1001600.5301				$163.80
1001600.5302				$23.00
Voucher Total				$186.80

Karen Herman — Prepared by:

9-25-2025 — Date:

Department Head or Designee Approval: _____ Date: _____

Complete for new vendors, or address changes.

Street Address _____ City _____

State _____ Zip Code _____ Tax ID Number _____

Comments:

Reimbursement for Mileage 234 x .70 = $163.80

Food & Tip $18.95 + $4.05 (tip) = $23.00

Outagamie County Travel Expense Documentation Form. (See Form Instructions)

0.70 Current mileage rate per mile **2025**

Revised 01/01/2025

DATE: List each day seperately (Month - Day - Year)	Please specify the official business purpose including the city & state. List all employees, clients, non-county employees, or outside professionals included in the meals. Please see the County travel policy on the intranet, to determine if it meets the County's definition of a "business meeting". If this is for a meal while at training, a convention, or a seminar, that does not involve an overnight stay, use the TAXABLE meal column and do NOT check the business meeting box. *WI Meal Allowances: Breakfast - $16, Lunch - $19, Dinner - $28, Incidentals $5=$68 Total*	X If this qualifies as a Business Meeting	X If on over-night County Business	X If charged on County Credit Card (P-Card)	Non-taxable Business Expenses: Business Miles	Mileage Reimb.	Meal Expense(s) Breakfast	Lunch	Dinner	Lodging (Attach Folio)	Miscellaneous Specify Airfare, Taxi, Etc.	Daily Total Non-taxable	Taxable Meals: (See Instructions) Meal Expense(s) Breakfast	Lunch	Dinner	Daily Total Taxable
9/21/25	Joy Hagen to WCA dinner on 9/21/25		X		234				$23- Food + tip			$163.80 $23.00				
I drive my own vehicle. Mileage is reimbursable to me at the current I.R.S. approved rate of $.________ per mile.			Total Non-Taxable:		239				23.00			$186.80	Total Taxable:			

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

Server: Altimont L | Table 304
Check #50
Ordered: 9/21/25 6:49 PM

Input Type: C (EMV Chip Read)
Mastercard: xxxxxxxx0981
Time: 7:55 PM

Transaction Type: Sale
Authorization: Approved
Approval Code: 021082
Payment ID: kgXwzrmFTNLF
Application ID: A0000000041010
Application Label: Mastercard
Terminal ID
Card Reader: BBPOS

Amount: $18.95
+ Tip: 4.05
= Total: 23.00

SAVE

X [signature]
JOY A HAGEN

Customer Copy

RavinaBay.com

***Claimant Statement**: I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties by the public trust. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Administrative Rule AR05-01) and the Travel Regulation Policy (Administrative Rule AR04-01) and adhere to all provisions of them. These Administrative Rules can be obtained from the County's intranet site on the County Executive page, or contact your department head or supervisor for a copy.*

Joy A. Hagen 9/23/25

Claimant's LEGIBLE Signature & Date: ***(If your signature is not easily legible, please print your name after your signature)***

Supervisor's LEGIBLE Signature & Date:

County Executive's Signature & Date: (Only required for department head travel)

OUTAGAMIE COUNTY

Direct Payment Voucher

*** CHECK NUMBER**

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☐ Return check to: _____

Vendor Name: Chris Croatt

Vendor Number: 1357247

Invoice Number: 9/23/2025

Invoice Amount: $187.70

Invoice Date: 9 / 23 / 2025

*** G/L DATE**

Due Date: 10 / 13 / 2025

Discount

Check Remark: 9/21 - 9/23/2025 WCA Conference--WI Dells--Mileage/Food & Tip

BARCODE MUST GO IN THE SQUARE BELOW

* DOCUMENT NUMBER

Account Number(s)			Subledger	Invoice Amount(s)
Fund/Cost Center	Object	Subsidiary		
1001600.5301				$154.70
1001600.5302				$33.00

Voucher Total $187.70

Karen Sherman — Prepared by:

9-25-2025 — Date:

Department Head or Designee Approval: _____ Date: _____

Complete for new vendors, or address changes.

Street Address _____ City _____

State _____ Zip Code _____ Tax ID Number _____

Comments:

Reimbursement for Mileage 221 x .70 = $154.70

Food $28.00 + Tip $5.00 = $33.00

Outagamie County Travel Expense Documentation Form. (See Form Instructions)

0.70 Current mileage rate per mile 2025

Revised 01/01/2025

DATE: List each day seperately (Month - Day - Year)	Please specify the official business purpose including the city & state. List all employees, clients, non-county employees, or outside professionals included in the meals. Please see the County travel policy on the intranet, to determine if it meets the County's definition of a "business meeting". If this is for a meal while at training, a convention, or a seminar, that does not involve an overnight stay, use the TAXABLE meal column and do NOT check the business meeting box. WI Meal Allowances: Breakfast - $16, Lunch - $19, Dinner - $28, Incidentals $5=$68 Total	X If this qualifies as a Business Meeting	X If on over-night County Business	X If charged on County Credit Card (P-Card)	Non-taxable Business Expenses: Business Miles	Mileage Reimb.	Meal Expense(s) Breakfast	Lunch	Dinner	Lodging (Attach Folio)	Miscellaneous Specify Airfare, Taxi, Etc.	Daily Total Non-taxable	Taxable Meals: (See Instructions) Meal Expense(s) Breakfast	Lunch	Dinner	Daily Total Taxable
9/21	WCA TEAM OC DINNER								33 ~~28~~		(*28+*5tip) =	$ 33.00				
9/21	MILEAGE TO DELLS				112							$154.70				
9/23	MILEAGE TO HOME				109											
I drive my own vehicle. Mileage is reimbursable to me at the current I.R.S. approved rate of $._____ per mile.		Total Non-Taxable:			221				28			$187.70	Total Taxable:			

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

Server: Altmont L
Check #58
Ordered: Table 304
9/21/25 6:58 PM

Input Type C (EMV Chip Read)
VISA DEBIT xxxxxxxx7028
Time 7:56 PM

Transaction Type Sale
Authorization Approved
Approval Code 133471
Payment ID CRq7qkCWF7Pj
Application ID A0000000031010
Application Label VISA DEBIT
Terminal ID
Card Reader BBPOS

Amount $34.16
+ Tip: 6.00
= Total: 40.16

x WCA dinner 9/21
CHRISTOPHER W CROATT

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

View check and pay now
Pay VISA DISCOVER mastercard

Scan to pay, get $10 credit
G Pay

Server: Altmont L
Check #58
Ordered: Table 304
9/21/25 6:58 PM

1 Walleye $32.00

Subtotal $32.00
Tax $2.16
Total $34.16

Claimant Statement: *I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties by the public trust. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Administrative Rule AR05-01) and the Travel Regulation Policy (Administrative Rule AR04-01) and adhere to all provisions of them. These Administrative Rules can be obtained from the County's intranet site on the County Executive page, or contact your department head or supervisor for a copy.*

Chr. W. Croatt 9/23/2025

Claimant's LEGIBLE Signature & Date: ***(If your signature is not easily legible, please print your name after your signature)***

Supervisor's LEGIBLE Signature & Date:

County Executive's Signature & Date: (Only required for department head travel)

OUTAGAMIE COUNTY

Direct Payment Voucher

*** CHECK NUMBER**

Do not duplicate this form! If additional barcodes are required, please email financeaccounting@outagamie.org. Department are to complete all fields except those printed in ***BOLD**. Please staple the original invoice to the back of the voucher in the upper left corner. Detach and PAPERCLIP all remittance information you want to send with the payment to the back of the voucher. If this check should not be mailed, check the box below, indicate who it should be returned to and highlight the name.

☐ Return check to: _____

Vendor Name: Cathy Thompson

Vendor Number: 1187786

Invoice Number: 9/23/2025

Invoice Amount: $22.45

Invoice Date: 9 / 23 / 2025

*** G/L DATE**: / /

Due Date: 10 / 13 / 2025

Discount:

Check Remark: 9/21 - 9/23/2025 WCA Conference--WI Dells--Food

BARCODE MUST GO IN THE SQUARE BELOW

* DOCUMENT NUMBER

Account Number(s)			Subledger	Invoice Amount(s)
Fund/Cost Center	Object	Subsidiary		
1001600	5302			$22.45
Voucher Total				$22.45

Karen Herman — Prepared by:

9/25/2025 — Date:

Department Head or Designee Approval: _____ Date: _____

Complete for new vendors, or address changes.

Street Address _____ City _____

State _____ Zip Code _____ Tax ID Number _____

Comments:

Reimbursement Food $22.45

Outagamie County Travel Expense Documentation Form. (See Form Instructions)

0.70 Current mileage rate per mile 2025

Revised 01/01/2025

DATE: List each day seperately (Month - Day - Year)	Please specify the official business purpose including the city & state. List all employees, clients, non-county employees, or outside professionals included in the meals. Please see the County travel policy on the intranet, to determine if it meets the County's definition of a "business meeting". If this is for a meal while at training, a convention, or a seminar, that does not involve an overnight stay, use the TAXABLE meal column and do NOT check the business meeting box. WI Meal Allowances: Breakfast - $16, Lunch - $19, Dinner - $28, Incidentals $5=$68 Total	X If this qualifies as a Business Meeting	X If on over-night County Business	X If charged on County Credit Card (P-Card)	Non-taxable Business Expenses: Business Miles	Mileage Reimb.	Meal Expense(s) Breakfast	Lunch	Dinner	Lodging (Attach Folio)	Miscellaneous Specify Airfare, Taxi, Etc.	Daily Total Non-taxable	Taxable Meals: (See Instructions) Meal Expense(s) Breakfast	Lunch	Dinner	Daily Total Taxable
9/21	- WCA Convention -								22.45			22.45				
9/23	WI Dells															

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

View check and pay now

Pay VISA DISCOVER mastercard

Scan to pay, get $10 credit

G Pay

Server: Altimont L Table 304
Check #54 9/21/25 6:58 PM
Ordered:

1 Portabella Sandwich $17.75

Subtotal $17.75
Tax $1.20
Total $18.95

RavinaBay.com

Ravina Bay Bar and Grill
231 E Durkee St
Wisconsin Dells, WI 53965

Server: Altimont L Table 304
Check #54 9/21/25 6:58 PM
Ordered:

Input Type C (EMV Chip Read)
VISA DEBIT xxxxxxxxx7099
Time 7:55 PM

Transaction Type Sale
Authorization Approved
Approval Code 863843
Payment ID XyNWqN9MbKTL
Application ID A0000000031010
Application Label VISA DEBIT
Terminal ID BBPOS
Card Reader
Amount $18.95

+ Tip: 3.50
= Total: 22.45

X CATHERINE THOMPSON

I drive my own vehicle. Mileage is reimbursable to me at the current I.R.S. approved rate of $ _____ per mile.

Total Non-Taxable: 22.45 **Total Taxable:**

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Catherine Thompson 9-25-25

Claimant's LEGIBLE Signature & Date: ***(If your signature is not easily legible, please print your name after your signature)***

Supervisor's LEGIBLE Signature & Date:

County Executive's Signature & Date: (Only required for department head travel)