Amount	Fund	Appr	Department	Account	PC Bus Unit Program
$	10,000	86700	4358600001	7300000	43500
435008600PARENT	PARENT_PART	43500			
Project	Activity	GL Unit	Keyed into Star by:	Date Keyed:	

READ INSTRUCTIONS ON THE OTHER SIDE.

Please Note: All requests must be received by OCMH within 30 days following the activity you participated in for consideration of reimbursement.

The person requesting reimbursement should complete the following. Please print clearly.

CONTACT INFORMATION FOR PERSON REQUESTING REIMBURSEMENT

Name – (Last)	(First)	(MI)

Address (Street)	Apt. / Unit #	City	State	Zip Code
			WI	

Telephone Number – Home	Telephone Number – Alternate	E-mail Address
( )	( )	

NAME OF WORKGROUP OR ACTIVITY (PLEASE CHECK AND NAME SPECIFIC MEETING)

☐ Collective Impact Parent Partner (CIPP):

☐ Collective Impact Youth Partner (CIYP):

☐ _____:

☐Other (Please Describe):

DETAILS OF WORKGROUP OR ACTIVITY

Date(s):	Number of Hours Participating in Activity:

REIMBURSEMENT OF EXPENSES REQUESTED

Travel:

☐ Car Mileage: #miles @ 0.51/mi=

☐ Specialized Transportation: Type:

☐Other: Type: $

☐ Lodging (Up to $82/night; Up to $90 for Milwaukee, Racine & Waukesha Counties; **Receipt Required**): nights @ $ /night=

Meals (Receipts not required):

☐ Breakfast: Cost (Up to $8.00 – leave before 6 am):

☐ Lunch: Cost (Up to $10.00 – leave after 10:30 am and return after 2:30 pm):

☐ Dinner: Cost (Up to $20.00 – home/headquarters' city after 7pm):

Stipend Amount**:** $

Total Expenses: $

AUTHORIZATION

Signature of Person Claiming Reimbursement:	Date:
Signature of DHS Staff Authorizing Payment:	Date:

Committee/Workgroup Reimbursement Form - Policy / Instructions

The Office of Children's Mental Health has a core value of meaningful consumer / family member participation. You have been requested to be a partner in some part of the work we perform. You have agreed to a reimbursement of reasonable expenses. Please read below policies regarding that.

1. Please complete a separate Reimbursement Form for each workgroup/meeting that you participate in. Please specify the name and date of the group or activity.
   Stipend rates as follows:
   - Collective Impact CIP Meeting and Executive Council (6 hour day): $100 plus reimbursement
   - Collective Impact CIP Meeting OR Executive Council (not full day): $50 plus reimbursement
   - Collective Impact Workgroup Meeting (Chair): $100 plus reimbursement
   - Collective Impact Workgroup Meeting (2 hours): $45 flat stipend (covers expenses)

2. Make sure to print your name and address legibly. Indicate the address where you would like to have your reimbursement check mailed.

3. Reimbursement maximums are based on state rates, i.e.:
   - Breakfast reimbursement ($8.00) may be claimed if you are leaving home prior to 6:00AM or if you need to stay overnight to attend a meeting.
   - Lunch reimbursement ($10 if you leave your home before 10:30 am an return after 2:30 pm)
   - Dinner reimbursement ($20.00) may be claimed if you return home after 7:00PM or need to stay overnight to attend a meeting.
   - Meals are reimbursable only if they are not provided as part of the event you are participating in.

4. Whenever possible it is expected that reimbursement forms will be delivered within 30 days of a reimbursable event.

5. All reimbursement requests must be pre-approved by OCMH staff. Ongoing events (ie: Collective Impact Parent or Youth Partner – CIPP or CIYP) with your ongoing participation do not need to be approved each time but any new request must be pre-approved.

Please return form to the OCMH:
OCMH Family Relations Coordinator
1 W. Wilson St., Rm 656
Madison, WI 53703

Fax 608-266-8798

Questions? Contact: Joann Stephens at Joann.Stephens@wisconsin.gov
608-266-9336 *office* or 608-279-9069 *cell*

Rev 11/13/15