

DAI Policy 309.61.01 – Religious Beliefs and Practices

Attachment B – Instructions for Reimbursing Religious Volunteers
Effective – 12/01/22

| YOUR FACILITY CONTACTS | | | |
|------------------------|-------------|------------------|--------|
| Facility: | Main Phone: | Business Office: | |
| Staff Advisor: | Phone: | Ext: | Email: |
| Volunteer Coordinator: | Phone: | Ext: | Email: |

Form DOC-80190B, *Non-State Employee Expense Report*

DOC appreciates your willingness to work with Wisconsin inmates. We highly value the important contribution volunteers make in helping DOC fulfill our mission to support offender rehabilitation and successful reentry to society.

Limited resources are available to support the opportunity for community representation and pluralistic religious programming within DAI facilities. Those facilitating Umbrella Religion Group (URG) worship services may be eligible for mileage and/or honorarium. Volunteers may elect to decline mileage or honorarium, or to request only partial reimbursement. This is intended to offset out-of-pocket costs for volunteers who incur significant travel to perform inmate religious programming.

Be advised mileage and/or honorarium may be subject to federal and/or state income taxes. Volunteers are encouraged to consult their personal tax preparer/advisor as needed concerning financial impacts of receiving reimbursement. If required, the State of Wisconsin will issue federal IRS Form 1099 for the prior year to assist volunteers with tax preparation.

Please review these instructions for completing the *Non-State Employee Expense Report*, Form DOC-80190B. Any questions should be directed to the facility staff advisor, who may gather information from the facility business office as needed.

1. One (1) volunteer per each URG Religious Service is eligible for reimbursement (mileage and/or honorarium) if they fulfill any of the following:
 - Facilitate URG Religious Services at multiple DAI facilities in one day.
 - Facilitate 4-or-more hours of URG Religious Services at multiple facilities on consecutive days.
 - Travel 30-or-more miles round trip to facilitate an URG Religious Service.

The following are not eligible for reimbursement:

- Volunteers traveling/commuting to a DAI facility within a 15-mile radius of their home (consistent with definition of “Headquarters City” in the State of Wisconsin Compensation Plan, Section F.).
 - Travel time to/from/between facilities.
 - Volunteers facilitating URG Study Groups or pastoral visits.
 - Lodging, meals or donated religious materials.
2. Eligible volunteers must submit a federal W-9, *Request for Taxpayer Identification Number and Certification* for entry into DOC accounting systems (one time or reporting name change). This form can be downloaded from the Internal Revenue Service website at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>, or the facility can provide a copy.
 3. The facility will provide a blank paper and/or electronic form DOC-80190B for monthly submissions.
 4. Volunteers must - **themselves** - complete the travel/service dates, itinerary and mileage. These may be completed electronically (fill in the blanks by computer) or by handwriting.

5. Insert data into each field of Form DOC-80910B, as shown in the attached key and labeled example.
6. Sign the form in permanent ink. If completed electronically, the form must be printed and signed. Pencil, photocopy, signature stamps, initials or another person’s signature with initials are not acceptable and will be returned for a properly completed resubmission.
7. Submit completed, signed DOC-80190B forms to the facility staff advisor promptly at the end of each month. Scanned/email or fax submission of properly signed forms is acceptable. DOC may not honor reimbursement requests submitted later than three (3) months if travel cannot be verified.
8. Facility staff will review the form and process for payment.
 - Mileage is computed at the current non-availability rate set forth by the State of Wisconsin Division of Personnel Management.
 - Honorarium may be requested up to a maximum \$75 for facilitating each hour of URG Religious Services (excluding travel time), and is capped at \$300/event.
9. A check will be issued by mail or electronic transfer (ACH), usually within 30 days.
10. Reimbursement may be delayed if DOC is not given prompt notification of name/address changes, or if erroneous forms are submitted. You may be required to resubmit corrected forms, or be asked to reimburse DAI if an overpayment occurs. In extreme cases, volunteer privileges may be suspended until discrepancies can be resolved.
11. Special procedures for volunteers requesting reimbursement from multiple DAI facilities:
 - a. Submit expenses at the end of the month on a single DOC-80190B (multiple pages if needed), to the Staff Advisor at the **last** facility visited.
 - b. If you visit more than one site on the same journey/trip, mileage may be claimed from your starting point (e.g. home, work) to the first facility, next distance to the second site (and so on), then finally returning to the starting point. List each portion (“leg”) of the travel on a separate line.
 - c. Facility staff will email additional sites to verify service dates prior to signing the form and submitting to the business office.
 - d. Facility business offices will confer to divide the total cost of your mileage, and issue a single check for the total reimbursement.

Example – Multi-Site Mileage/Honorarium Submission

| DATE Mo/Day | OFFICIAL BUSINESS (purpose of trip) | TRAVEL LOCATIONS Left From - Went To | Travel Times | | Mileage/Fare | | OTHER ALLOWABLE EXPENSES | |
|----------------|--|---|--------------|--------|--------------|------|-----------------------------|--------|
| | | | Leave | Return | Mileage | Fare | Item | Amount |
| 9/12/22 | PDCI Muslim Services | Dodgeville to Prairie du Chien | 9:00 | 11:30 | 58 | | Honorarium | \$50 |
| 9/12/22 | WSPF Muslim Services | Prairie du Chien to Boscobel | 11:30 | 1:30 | 29 | | Honorarium | \$50 |
| 9/12/22 | Muslim Services to home | Boscobel to Dodgeville | 1:30 | 2:15 | 39 | | | |
| 9/28/22 | CCI Muslim Services | Dodgeville to Portage – round trip | 8:30 | 12:30 | 142 | | Honorarium | \$50 |

NOTE: In this example, the DOC-80190B would be submitted to Columbia Correctional Institution (CCI) in Portage.

KEY FOR LABELED DOC-80190B

| Field | Field Name | Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|--|----------|--------------|--------------|---|-------|------|-----------------------------------|-----|------|--------------------------------|-----|------|-----------------------------------|------|------|------------------------------------|------|------|----------------------------------|-----|------|---|------|------|-------------------------------------|------|------|-------------------------------------|------|------|----------------------------------|-----|------|----------------------------------|------|------|---|------|------|---------------------------------|-----|------|--|-------|------|-------------------------------------|------|------|----------------------------------|-----|------|---|----------|------|---------------------------------|-----|------|-----------------------------------|------|------|--------------------------------------|------|------|
| A | Name – Claimant | Enter your full legal name (first and last). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Vendor Number | Leave blank (completed by business office). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Home Address – Claimant | Enter your home street address, city, state, and zip code. If you wish payment be sent to your work or organization, include the organization name and address after your home address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Dept. ID | Enter the 4-digit facility code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Facility</th> <th>Acronym</th> <th>4-digit code</th> </tr> </thead> <tbody> <tr> <td>Chippewa Valley Correctional Treatment Facility</td> <td>CVCTF</td> <td>3140</td> </tr> <tr> <td>Columbia Correctional Institution</td> <td>CCI</td> <td>3125</td> </tr> <tr> <td>Dodge Correctional Institution</td> <td>DCI</td> <td>3128</td> </tr> <tr> <td>Fox Lake Correctional Institution</td> <td>FLCI</td> <td>3124</td> </tr> <tr> <td>Green Bay Correctional Institution</td> <td>GBCI</td> <td>3122</td> </tr> <tr> <td>Jackson Correctional Institution</td> <td>JCI</td> <td>3133</td> </tr> <tr> <td>Kettle Moraine Correctional Institution</td> <td>KMCI</td> <td>3126</td> </tr> <tr> <td>Milwaukee Secure Detention Facility</td> <td>MSDF</td> <td>3143</td> </tr> <tr> <td>New Lisbon Correctional Institution</td> <td>NLCI</td> <td>3137</td> </tr> <tr> <td>Oakhill Correctional Institution</td> <td>OCI</td> <td>3127</td> </tr> <tr> <td>Oshkosh Correctional Institution</td> <td>OSCI</td> <td>3132</td> </tr> <tr> <td>Prairie du Chien Correctional Institution</td> <td>PDCI</td> <td>3141</td> </tr> <tr> <td>Racine Correctional Institution</td> <td>RCI</td> <td>3129</td> </tr> <tr> <td>Racine Youthful Offender Correctional Facility</td> <td>RYOCF</td> <td>3135</td> </tr> <tr> <td>Redgranite Correctional Institution</td> <td>RGCI</td> <td>3136</td> </tr> <tr> <td>Stanley Correctional Institution</td> <td>SCI</td> <td>3142</td> </tr> <tr> <td>Taycheedah Correctional Institution & Wisconsin Women's Correctional System</td> <td>TCI/WWCS</td> <td>3123</td> </tr> <tr> <td>Waupun Correctional Institution</td> <td>WCI</td> <td>3121</td> </tr> <tr> <td>Wisconsin Secure Program Facility</td> <td>WSPF</td> <td>3134</td> </tr> <tr> <td>Wisconsin Correctional Center System</td> <td>WCCS</td> <td>3138</td> </tr> </tbody> </table> | Facility | Acronym | 4-digit code | Chippewa Valley Correctional Treatment Facility | CVCTF | 3140 | Columbia Correctional Institution | CCI | 3125 | Dodge Correctional Institution | DCI | 3128 | Fox Lake Correctional Institution | FLCI | 3124 | Green Bay Correctional Institution | GBCI | 3122 | Jackson Correctional Institution | JCI | 3133 | Kettle Moraine Correctional Institution | KMCI | 3126 | Milwaukee Secure Detention Facility | MSDF | 3143 | New Lisbon Correctional Institution | NLCI | 3137 | Oakhill Correctional Institution | OCI | 3127 | Oshkosh Correctional Institution | OSCI | 3132 | Prairie du Chien Correctional Institution | PDCI | 3141 | Racine Correctional Institution | RCI | 3129 | Racine Youthful Offender Correctional Facility | RYOCF | 3135 | Redgranite Correctional Institution | RGCI | 3136 | Stanley Correctional Institution | SCI | 3142 | Taycheedah Correctional Institution & Wisconsin Women's Correctional System | TCI/WWCS | 3123 | Waupun Correctional Institution | WCI | 3121 | Wisconsin Secure Program Facility | WSPF | 3134 | Wisconsin Correctional Center System | WCCS | 3138 |
| | | Facility | Acronym | 4-digit code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Chippewa Valley Correctional Treatment Facility | CVCTF | 3140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Columbia Correctional Institution | CCI | 3125 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Dodge Correctional Institution | DCI | 3128 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Fox Lake Correctional Institution | FLCI | 3124 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Green Bay Correctional Institution | GBCI | 3122 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jackson Correctional Institution | JCI | 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Kettle Moraine Correctional Institution | KMCI | 3126 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Milwaukee Secure Detention Facility | MSDF | 3143 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | New Lisbon Correctional Institution | NLCI | 3137 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Oakhill Correctional Institution | OCI | 3127 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Oshkosh Correctional Institution | OSCI | 3132 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Prairie du Chien Correctional Institution | PDCI | 3141 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Racine Correctional Institution | RCI | 3129 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Racine Youthful Offender Correctional Facility | RYOCF | 3135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Redgranite Correctional Institution | RGCI | 3136 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Stanley Correctional Institution | SCI | 3142 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Taycheedah Correctional Institution & Wisconsin Women's Correctional System | TCI/WWCS | 3123 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Waupun Correctional Institution | WCI | 3121 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wisconsin Secure Program Facility | WSPF | 3134 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wisconsin Correctional Center System | WCCS | 3138 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are requesting reimbursement from multiple facilities, enter the code for the last facility you visited that month (see instruction #11). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | FY | Leave blank (completed by business office). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Invoice Date | Leave blank (completed by business office). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Date | List the date travel expense was incurred. You may have more than one line with the same date if visiting multiple sites. Enter each “leg” of the journey on separate lines with the same date (see instruction #11). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Official Business – Purpose of Trip | Enter a brief explanation of your business purpose (e.g. Catholic Mass, Islamic Jumu’ah, Native American/American Indian Sweat Lodge). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Itinerary – Travel Locations | List the starting city, destination, and return city for each journey or part of the combined trip (see instruction #11). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Travel Times | Enter leave and return times. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | Mileage/Fare | Enter the “ actual, reasonable and necessary ” mileage for your journey. For example, you may not claim round-trip mileage from your home address if your actual travel is from a workplace located closer to the facility than your home. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | Other Allowable Expenses | Volunteers may be eligible to receive an honorarium. This is a nominal financial gift to thank you for donating your time, and intended to help defray costs. Giving/receiving honorarium does not establish contractual/employment relationship between with the DOC, nor infer a financial obligation or liability. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Signature – Claimant | The volunteer signature must be original and in permanent ink. Improperly signed forms will be returned for resubmission and may delay reimbursement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | Signature – Supervisor | The authorized staff member signature must verify dates and travel, then sign in permanent ink prior to submitting to business office for processing. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | Headquarter City | Enter your home city (2nd page). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LABELED DOC-80190B

DEPARTMENT OF CORRECTIONS
 Division of Management Services
 DOC-80190B (10/2022)

WISCONSIN

DEPARTMENT OF CORRECTIONS NON-STATE EMPLOYEE TRAVEL EXPENSE REPORT

| Name – Claimant A | | | | | | | | | | Vendor Number B | | | | | |
|---|-------------------|-----------|---------|-------------|---------------|-----------------|-------------------|-------------|-----------------------|------------------------|---------|-----------------|----------------|--------------------|------|
| Home Address - Claimant (Headquarter City) C | | | | | | | Dept. ID D | FY E | Invoice Date F | | | | | | |
| Date | Official Business | Itinerary | | Travel Time | | Mileage or Fare | | Lodging** | Meals* | | | Other Expenses* | | Total | |
| Mo/Day | Purpose of Trip | Left From | Went To | Leave | Arrive/Return | Miles | Fare | | Morning | Noon | Evening | Item | Amount | | |
| G | H | I | | J | J | K | | | | | | L | L | 0.00 | |
| | | | | am | am | | | | | | | | | 0.00 | |
| | | | | pm | pm | | | | | | | | | 0.00 | |
| | | | | am | am | | | | | | | | | 0.00 | |
| | | | | pm | pm | | | | | | | | | 0.00 | |
| Page 1 Totals | | | | | | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | |
| Page 2 Totals | | | | | | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | |
| Totals | | | | | | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | |
| 0 Miles @ \$0.510 | | | | | | cost per mile = | | | Total Mileage Cost | | | 0.00 | | Total Expenditures | 0.00 |
| | | | | | | | | | | | | | Net Amount Due | 0.00 | |

*Receipt may be required
 **Identify items directly billed to DOC.

| | |
|--|--|
| Claimant's Statement s. 16.53 Wisconsin Statutes declare, under penalties of perjury, that the above expenses (including mileage) were incurred in conformity with applicable statutes and regulations. These are actual, reasonable and necessary expenses incurred personally in the performance of duties required by public services. Payment, credit or free service has not been received from any source except for reported travel advances. | Audit pursuant to Wis. Stat. ch. 16 and allowed in accordance with the provisions of Wis. Stat. ch. 20 as shown. Certified to the state treasurer payable from the fund shown. I certify that I have reviewed this travel claim and find it to be reasonable, proper and in conformity with applicable statutes and travel schedule amounts. |
| SIGNATURE – Claimant M | Date Signed M |
| SIGNATURE – Authorized (indicates OK to Pay) N | |
| Date Signed N | |

| STAR Accounting System Coding – DOC Staff Use Only | | | | | | | | | | Keyed into STAR by | |
|--|--------|------|------|------------|---------|---------|---------|----------|--|--------------------|------------|
| Line | Amount | Fund | Appr | Department | Account | Program | Project | Activity | | | Date Keyed |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |

Distribution: Original - BFAS File

STAPLE RECEIPTS HERE - FACE UP

Headquarters City **O**

NOTE S: (1) Identify all items billed directly to the Department with an asterisk (*). (2) Travel Times: record "Leave" and "Return" times on separate lines, ONLY if different days.

| DATE Mo/Day | OFFICIAL BUSINESS (purpose of trip) | ITINERARY | | TRAVEL TIMES | | MILES/FARE | | LODGING** | MEALS, INCLUDING TIPS* | | | OTHER ALLOWABLE EXPENSES * | | TOTAL EXPENSE |
|-----------------|-------------------------------------|-----------|---------|--------------|---------------|----------------|------|-----------|------------------------|------|---------|----------------------------|----------|---------------|
| | | Left From | Went To | Leave | Arrive/Return | Miles | Fare | | Morning | Noon | Evening | Item | Amount | |
| G | H | I | | J | J | K | | | | | | L | L | |
| | | | | am | am | | | | | | | | | |
| | | | | pm | pm | | | | | | | | | |
| | | | | am | am | | | | | | | | | |
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| | | | | am | am | | | | | | | | | |
| | | | | pm | pm | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | |
| Miles @ \$0.510 | | | | | | cost per mile= | | | | | | Total mileage cost | | |
| Miles @ | | | | | | cost per mile= | | | | | | Total Expenditures | | |
| Miles @ addl. | | | | | | cost per mile= | | | | | | Net Amount Due | | |