

**Wisconsin Elections Commission**  
Voting Equipment Audit Reimbursement Form

Dates Audit Conducted:	
Name of Municipality:	
Reporting Unit:	

	A	B	C	D	E	
Employee Name:	Hours Worked	Hourly Rate	Hourly Total (A*B)	Mileage Cost*	Other Allowable Costs	Other Allowable Cost Description

SubTotals			
	<b>Grand Total</b>		
	(Total Wages+Total Mileage Cost=C+D+E) *Mileage max reimbursment is \$.51/mile		

Authorized Signature of Clerk:	
Clerk Printed Name:	
Date Submitted:	

Email form to: [wecaudits@wisconsin.gov](mailto:wecaudits@wisconsin.gov)

Or by mail to: Wisconsin Elections Commission  
PO Box 7984  
Madison, WI 53707

**Reimbursement Information:**

Wisconsin Elections Commission will reimburse up to \$300 for the cost associated with conducting each audit to those municipalities with reporting units identified for audit. Municipalities will be reimbursed (up to \$300) for actual costs incurred. Food costs are not reimbursable. Requests in excess of the maximum will be considered and may be granted if funds are available. Please contact the WEC to discuss other allowable costs.

Please contact the WEC Help Desk (608-266-8005) with questions.