



TRAVEL EXPENSE SUMMARY REPORT

To receive reimbursement, this form must be submitted by each team member who made a purchase. Electronic submissions will only be accepted with digital receipts. Any reimbursement requests containing non-digital receipts must be submitted via mail with completed expense reimbursement form. All receipts must be original.



NOTE: The team leader cannot be reimbursed for purchases made by team members and then distribute the money.

Make Check Payable To:			Mail Form and Receipts To:			Team Name:			
Name:			Carthage College						
Address:			Wisconsin Space Grant Consortium						
City, State, Zip:			2001 Alford Park Drive			Contact the WSGC office with any questions.			
			Kenosha, WI 53140			spacegrant@carthage.edu			
			Attn: Lisa Crumble			262.551.6054			
Travel Start Date (xx/xx/20xx)	Travel End Date (xx/xx/20xx)	Name of Supplier/Company on Receipt	Personal Vehicle Miles (\$0.51 per mile)	Other Travel (Needs Pre- Approval)	Lodging (Needs Pre- Approval)	\$40 Daily Meal Allowance			Total Amount
						Breakfast	Lunch	Dinner	
10/10/2015	10/11/2015	Test Company	56.00	\$ 43.90	\$ 89.00	\$ 8.23	\$ 12.36	\$ 16.72	\$ 170.21
REQUISITIONER STATEMENT:			SUBTOTAL						
I declare that this account is accurate and conforms to all applicable WSGC regulations. The expenses are actual, reasonable, and were personally incurred in accordance to my award letter criteria.						TOTAL MILEAGE COST			
						TOTAL REIMBURSEMENT			

Team Member Name (Please Print)

Advisor Name (Please Print)

Phone #

Date

Phone #

Date