

TEAM TRAVEL EXPENSE SUMMARY REPORT



To receive reimbursement, please follow the instructions outlined in the reimbursement guidelines. Submissions failing to adhere to these procedures may be delayed in the payout process.

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

Please Make Check Payable To:			Mail Form and Re	Mail Form and Receipts To:			Team Name:			
Name: Address	:		Attn: Lisa Crumble Wisconsin Space Gr	Attn: Lisa Crumble Wisconsin Space Grant Consortium						
City, Sta	te, Zip:			Carthage College 2001 Alford Park Drive Kenosha, WI 53140			Contact the WSGC office with any questions. spacegrant@carthage.edu 262.551.6054			
Event Lo	cation:		Travel Begin/End Da	Travel Begin/End Dates:			\$40 Daily Meal Allowance			
Rcpt. #	Rcpt. Date	Vendor	Personal Vehicle Miles	Lodging	Misc. (Tolls, Parking, Car Rental, etc.)	Breakfast	Lunch	Dinner	Total	
		SUBTOTAL								
			-	e necessary and reasonable for this award, following all			TOTAL MILEAGE COST TOTAL REIMBURSEMENT			
applicable	WSGC regulatio	ns. The expenses listed on this report were pers	sonally incurred.			IOIAL	KEIMBURSE	IMENI		
Team Member Name (Print/Signature)			Date	Date			Phone#			
Team Lead Name (Print/Signature)			Date	Date			Phone#			
Advisor Name (Print/Signature)			Date	Date			Phone#			