



## **WSGC Team Expense Reimbursement Instructions**

*Team budgets must be submitted to WSGC as outlined in the award agreement letter in order for reimbursements to be issued. All costs associated with this program must be necessary and reasonable for this award, following all applicable WSGC regulations.*

1. Make [purchases\(s\)](#)
  - 1.1. Teams should select one team member to oversee the budget, ensuring collective purchases/expenses do not exceed award amount.
2. Save all original digital and hard copy receipts.
  - 2.1. We recommend saving receipts in an envelope or folder until time of reimbursement submission.
  - 2.2. Number each receipt. [\(ex. 2.3\)](#) [\(ex. 5,6,7,8,9,10\)](#)
  - 2.3. Circle date and total on receipt(s). [\(ex. 2.3\)](#) [\(ex. 5,6,7,8,9,10\)](#)
  - 2.4. If food or lodging receipts cover more than one person, list participant names on receipt(s). [\(ex. 10\)](#)
  - 2.5. Itemized restaurant receipts are required. If purchases are made on a credit card, a signature copy must be included. [\(ex. 2\)](#) [\(ex. 10\)](#)
  - 2.6. Tips over 20% will not be reimbursed.
  - 2.7. All purchase receipts must be itemized, detailing each item purchased. [\(ex. 2.3\)](#)
3. Complete a [Team Funded Program Expense Reimbursement Form](#) and/or [Travel Expense Summary Report](#) (see [Tools and Tips](#) on the WSGC [website](#)). Make sure to apply supply and travel expenses to the respective forms. Use a separate Travel Expense Summary Report for each event. If your expenses exceed the allotted space on form(s), print off a second form to add the remaining expenses. Do not list both supply and travel expenses on one form. [\(ex. 1\)](#) [\(ex. 4\)](#)
  - 3.1. Carefully read and follow instructions before completing forms.
  - 3.2. List receipt(s) in numerical order on the appropriate form. [\(ex. 1\)](#) [\(ex. 4\)](#)
  - 3.3. Identify date from each receipt. [\(ex. 1\)](#) [\(ex. 4\)](#)
  - 3.4. List name of Vendor/Store from each receipt. [\(ex. 1\)](#) [\(ex. 4\)](#)
  - 3.5. Describe the purchase from each receipt. [\(ex. 1\)](#) [\(ex. 4\)](#)
  - 3.6. Provide the total expended amount from each receipt. [\(ex. 1\)](#) [\(ex. 4\)](#)
  - 3.7. Add all receipts together for a total reimbursement request. [\(ex. 1\)](#) [\(ex. 4\)](#)
  - 3.8. Secure all appropriate original signatures. [\(ex. 1\)](#) [\(ex. 4\)](#)
  - 3.9. Print out a Google map for verification of personal vehicle mileage (\$0.51 per mi). Circle the total miles. The mileage rate includes fuel costs. Gas receipts will only be reimbursed for rental vehicle travel. [\(ex. 5\)](#)
- 3.10. Attach (staple) receipts and Google map to the reimbursement form(s) in numerical order.

4. Submit the completed form(s), receipts and Google map(s) via USPS postmarked by the due date(s) to:

**ATTN: Lisa Crumble**  
**Wisconsin Space Grant Consortium**  
**Carthage College**  
**2001 Alford Park Drive**  
**Kenosha, WI 53140**

4.1. Reimbursements will not be honored if postmarked after due date(s).

### **Do Not:**

1. Submit unattached receipts.
2. Submit partially completed forms.
3. Submit forms without all required original signature.
4. Submit forms past due date(s).