



SUMMARY EXPENSE 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.

Mail Form and Receipts To:	Please Make Check Payable To:
Carthage College Wisconsin Space Grant Consortium 2001 Alford Park Drive Kenosha, WI 53140 Attn: Lisa Crumble	<i>Name:</i> <i>Address:</i> <i>City, State, Zip:</i>

<i>Please contact the WSGC office with any que</i> spacegrant@carthage.edu 262.551.6054	Team Name:
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Date	Vendor/Store	Description	Amount
Total			

REQUISITIONER STATEMENT: I declare (under penalties of perjury) that this account of expenses 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.

Team Member Signature**Date****Phone #**

Team Leader Signature**Date****Phone #**

Team Advisor Signature**Date****Phone#**