



# SUMMARY EXPENSE 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.*

Mail Form and Receipts To:	Please Make Check Payable To:
<b>Attn: Lisa Crumble</b> <b>Wisconsin Space Grant Consortium</b> <b>Carthage College</b> <b>2001 Alford Park Drive</b> <b>Kenosha, WI 53140</b>	<i>Name:</i> <i>Address:</i>  <i>City, State, Zip:</i>
<i>Contact the WSGC office with any questions.</i> <a href="mailto:spacegrant@carthage.edu">spacegrant@carthage.edu</a> 262.551.6054	<b>Team Name:</b>

Rcpt. #	Date	Vendor/Store	Description	Amount
<b>Total</b>				

*REQUISITIONER STATEMENT: I declare all costs associated with this program are necessary and reasonable for this award, following all applicable WSGC regulations. The expenses listed on this report were personally incurred.*

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

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

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