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 Receipts To:**	**Team Name:**
Name: **Address:** **City, State, Zip:**	**Attn: Lisa Crumble** **Wisconsin Space Grant Consortium** **Carthage College** **2001 Alford Park Drive** **Kenosha, WI 53140**	*Contact the WSGC office with any questions.* spacegrant@carthage.edu 262.551.6054
Event:		
Event Location:	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
									$ 0.00
									$ 0.00
									$ 0.00
									$ 0.00
									$ 0.00
									$ 0.00
									$ 0.00
									$ 0.00
									$ 0.00
									$ 0.00
		SUBTOTAL	0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
								TOTAL MILEAGE COST	
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.								**TOTAL REIMBURSEMENT**	$ 0.00

Team Member Name (Print/Signature) *Date* *Phone#*

Team Lead Name (Print/Signature) *Date* *Phone#*

Advisor Name (Print/Signature) *Date* *Phone#*