



WSGC Individual Expense Reimbursement Instructions

All costs associated with this program must be necessary and reasonable for this award, following all applicable WSGC regulations.

1. Make [purchases\(s\)](#)
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. [\(ex. 3, 4, 5, 6.\)](#)
 - 2.3. Circle date and total on receipt(s). [\(ex. 3, 4, 5, 6\)](#)
 - 2.4. If food or lodging receipts cover more than one person, list participant names on receipt(s). [\(ex. 3\)](#)
 - 2.5. Itemized restaurant receipts are required. If purchases are made on a credit card, a signature copy must be included. [\(ex. 3\)](#)
 - 2.6. Tips over 20% will not be reimbursed.
 - 2.7. All purchase receipts must be itemized, detailing each item purchased. [\(ex. 6\)](#)
3. Complete an [Individual Funded Program Expense Reimbursement Form](#) (see [Tools and Tips](#) on the WSGC [website](#)). If your expenses exceed the allotted space on form, print off a second form to add the remaining expenses.
 - 3.1. Carefully read and follow instructions before completing form.
 - 3.2. List receipt(s) in numerical order on the form. [\(ex. 1\)](#)
 - 3.3. Identify date from each receipt. [\(ex. 1\)](#)
 - 3.4. List name of Vendor/Store from each receipt. [\(ex. 1\)](#)
 - 3.5. Describe the purchase from each receipt. [\(ex. 1\)](#)
 - 3.6. Provide the total expended amount from each receipt. [\(ex. 1\)](#)
 - 3.7. Add all receipts together for a total reimbursement request. [\(ex. 1\)](#)
 - 3.8. Sign and Date Summary Expense Report. [\(ex. 1\)](#)
 - 3.9. Print out a Google map for verification of personal vehicle mileage (\$.58 per mi). Circle the total miles. The mileage rate includes fuel costs. Gas receipts will only be reimbursed for rental vehicle travel. [\(ex. 2\)](#)
 - 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.