



PROJECT EXPENSE FORM



To receive reimbursement, this form must be submitted by each team member who made a purchase.

NOTE: The team leader cannot be reimbursed for purchases made by team members and then distribute the money.

Email Form and Receipts To:			Please Make Check Payable To:	
Connie Engberg cengberg@carthage.edu (262) 551-6548			Name: Address line 1: Address line 2: City, State, Zip:	
			Team Institution:	
Rcpt #:	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

Phone #

Date

Team Leader Signature

Phone #

Date

Team Advisor Signature

Phone #

Date