



TRAVEL 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.



CARTHAGE
COLLEGE

Email Form and Receipts To: **Please Make Check Payable To:**

WSGC Accounts
wsgc.accounts@carthage.edu
(262) 551-6054

Name:
Address line 1:
Address line 2:
City, State, Zip:

Travel Start Date: **Travel End Date:** **Team Institution:**

--	--	--

Travel Purpose:

--

Receipt Category	Description	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Line Total
1	Mileage Total								
	miles x								
2	Air/Rail Fare								
3	Baggage Fee(s)								
4	Rental Car								
5	Uber/Lyft/Taxi/Metro								
6	Parking/Tolls								
7	Misc. Ground Transport								
8	Lodging								
	Meals (\$45 per diem)								
9	-Breakfast								
10	-Lunch								
11	-Dinner								
12	-Other								
13	Tips								
14	Miscellaneous 1								
15	Miscellaneous 2								

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