Organization/Individual/School Name

Street Address

Town, State, Zip
(Only the individual or entity that made purchases will be reimbursed)

Invoice Number: (create a new invoice number for each invoice submitted)

Date:\_\_\_\_\_\_(date)\_\_\_\_\_

To:

North Dakota Space Grant Consortium

University of North Dakota

Clifford Hall Room 270

4149 University Ave Stop 9008

Grand Forks, ND 58202-9008

For: Expenses incurred towards (name/team name) for (award date, award)

| **Description of each receipt** | **Total** |
| --- | --- |
| Ex: Menards Receipt for balsa wood (3/24/24) | $42.38 |
|  |  |
|  |  |
|  |  |
| *Add more lines if needed* |  |
| **Total** | **$**(can be more than your award) |

Total expenses to be paid by the ND Space Grant Consortium: **$**

*(How much are you claiming now?)*

Who should we address the check to or what department ?: Individual’s name or school name

\*The invoice and accompanying documents will be reviewed by the NDSGC and a complete reimbursement PDF will be sent to you via DocuSign for review and signature before funds are disbursed.

*For the NDSGC to complete:*

*Reimbursed by ACH or Check? If check, list name, address, phone and email.*

*Signature*

*Email*