TEAGLE PLANNING GRANT C-7 CONSORTIUM EXPENSE REIMBURSEMENT FORM

PROGRAM ACTIVITY __________________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION, CITY AND STATE</th>
<th>TRANSPORTATION</th>
<th>PERSONAL AUTO</th>
<th>AUTO @ 56.5/mi</th>
<th>MEALS Lunch</th>
<th>Lodging $</th>
<th>OTHER EXPENSES $</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Plane, Train, Taxi $</td>
<td></td>
<td># of miles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lunch $</td>
<td></td>
<td></td>
<td>Dinner $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other $</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals

HONORARIUM $_________
(Requires Completed W-9)
TOTAL DUE $_________

Remit To Institution
Institution Name ______________________________________________________
Address ________________________________________________________________
City, State, Zipcode __________________________________________________

Remit To Individual
Name ____________________ ____________________________________________
Address ______________________________________________________________
City, State, Zipcode __________________________________________________

Name of Person Completing Form
Phone Number
Signature and Date

Return to: Deborah L. Hicks, Academic Affairs, Virginia Wesleyan College, 1584 Wesleyan Drive, Norfolk, VA 23502
E-mail: dhicks@vwc.edu Fax: 757-466-8274