Form B

**ICAA EXPENSE FORM**

EARLY CHILDHOOD, ELEMENTARY, AND SECONDARY CHRISTIAN SCHOOLS

ICAA Visitation Program

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose for Which Expenses Were Incurred (check one): | | Expenses to Be Paid By: | |
|  | |  | |
|  | Official Visit/Annual Visit | Name of Institution: |  |
|  | Site Visit/Reevaluation Visit | Location (city, state): |  |
|  | Other (please describe) | Phone: |  |
|  |  | Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Expenses to Be Reimbursed To | | | |  |
|  | Name: |  | | |  |
|  | Institution (if applicable) |  | | |  |
|  | Address: |  | | |  |
|  |  |  | | |  |
|  | Phone: |  | Email: |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Expense Item**  (ATTACH RECEIPTS) | | **First Day** | **Second Day** | **Third Day** | **Fourth &**  **Add’l Days** | **Total** | |
| **Meals:** | Breakfast |  |  |  |  |  | |
|  | Lunch |  |  |  |  |  | |
|  | Dinner |  |  |  |  |  | |
| **Lodging:** | Hotel |  | | | |  | |
| **Transportation:** | Personal Car | Miles () x 67¢ (2024 IRS Mileage Rate) | | | |  | |
|  | Airline |  | | | |  | |
|  | Car Rental |  | | | |  | |
|  | Parking/Toll |  | | | |  | |
|  | Taxi/Bus |  | | | |  | |
|  | Other (please describe) |  | | | |  | |
|  |  |  | | | |  | |
| **Miscellaneous:** | Tips |  | | | |  | |
|  | Other (please describe) |  | | |  |  | |
| **Total** | | | | | |  | |
|  | | |  |  | | |  | |  |  |
| Signature | | |  | Date | | |  | |  |  |