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 |  |  |  |