## **APPENDIX B. Expense Report**

International Children's Advisory Network, Inc 317 Faw Lane Marietta Georgia, GA 30060



## MISCELLANEOUS EXPENSE REPORT

Please return this form to the above address within 15 days of the expense. Receipts must be attached. Please keep copies of receipts and of this report until you have received reimbursement (may take up to 45 days). All reimbursement items must be pre-approved in advance with iCAN before submitting. iCAN reserves the right to reimburse before the Summit on a case-by-case basis. This reimbursement is conditioned upon attendance of the iCAN Summit, and failure to attend will result in the recipient owing the the funds back to iCAN.

Reimbursements will be processed as electronic transfers via Wise. Please check your email for confirmation of transfer.

Name of KIDS Team:	
Parent's Name: (first)	(last)
Parent's Contact: (email)	(phone) (last)
Child's Name: (first)	(last)
Requested Currency	(e.g. American Dollars, Euros, Pound)
All reimbursements must be pre-approved in advan- sponsoring partner organization and cannot be com	ce with iCAN. Some travel may be reimbursed directly with bined, added, or reimbursed with iCAN.
<u>Date</u> <u>Description of Item</u>	\$ Amount
	Total \$
-Do not forget to a	attach receipts to report-
Signature	Date
Team Leader Signature	Date

Send this form and receipts to: info@iCANResearch.org