

This report is for requesting reimbursement for approved expenses related to ICASE activities such as attendance at executive committee meetings, other committee meetings, and conferences at which a member is approved to represent ICASE

ICASE EXPENSE REPORT

Name				Phone		
Address			Coop/District			
City			State	Zip	Roundtable	
Meeting Name	e					
Date(s) of Se	ervice/Exp	oense				
- IMPORTAN	NT: Expe			ceipts to this expense report. st be returned to ICASE Treasurer	within 30 days of the event for which	
EXPENSES: Cash/Persona Credit Card						
		\$	_	Honorarium/Consultant Fee (\$ Social Security No.:	_	
		\$	_	Registrations	, .	
		\$	_	Lodging (if not direct bill) (ATTACH	ORIGINAL ITEMIZED BILL)	
		\$	_	Travel-Airfare, shuttles, etc. (ATTA	CH ORIGINAL BILL)	
		\$	_	Travel-Mileage (Miles @ current IRS rate)		
		\$	_	Travel-Parking, Tolls, etc. (ATTAC)	H ORIGINAL ITEMIZED RECEIPTS)	
		\$		Per Diem \$35/day (GUIDELINES I	MUST BE MET)	
		\$	_	Other (ATTACH ORIGINAL RECE		
TOTAL:		\$	_			
Legal Name (not nickname):				Date:		
Approved by:				Date Approved:		
CODE TO:		ICA	SE Treasurer			
Operations						
Government	tal Affaiı	rs		ACC DEMANDE	ACMENIT ALUBEI INCA	
Membership				SEE REIMBURSEMENT GUIDELINES ON THE BACK		
Fiscal Management				"Working to Improve Education for all Indiana Children"		
Professional Development					August 2017	
Roundtable					-	

Scholarship_