

Visiting Team Members must submit this report and all receipts directly to the school before the end of the visit. Reimbursements for authorized expenses must be claimed within two months following the visit.

EXPENSE REPORT (INTERNATIONAL VISITING TEAMS)

Team Member Information	Visit Information
Full Name:	School Name:
Email:	School Location:
	Visit Dates: (From)
	(To)

IMPORTANT		
Only out-of-pocket expenses connected with the school visit should be claimed. Personal expenses will not be reimbursed.		
Travel Expenses		
Item	Amount	Currency
Travel ticket to/from host country		
Transport to/from home airport		
Transport to/from host country airport and hotel		
Total Travel Expenses:		

Other Expenses (Please itemize and attach receipts.)		
Description	Amount	Currency
Total Other Expenses:		
Total Reimbursement Requested:		

<p>Select preferred method of payment:</p>	<p><input type="checkbox"/> Check – Payable to:</p> <p><input type="checkbox"/> Cash – Specify currency:</p> <p><input type="checkbox"/> Bank transfer to school or personal account:</p> <p style="margin-left: 40px;">Name of Bank:</p> <p style="margin-left: 40px;">Branch Address:</p> <p style="margin-left: 40px;">Bank Account Number:</p> <p style="margin-left: 40px;">IBAN Number:</p> <p style="margin-left: 40px;">BIC Number:</p>
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Signature (required): _____ Date: _____

Approval (if needed): _____ Date: _____