



USA HIGH SCHOOL HOST FAMILY INCIDENTAL REPORT

Student ID:

Person To Be Reimbursed:

Address:

Student Name:

Signature:

Host Parent Name:

Signature:

The terms of the grant permit each host family to assist a FLEX or YES student with personal expenses up to a maximum of **\$300.00**. Please follow these directions carefully:

Original receipts **MUST** be submitted for all expenses and recorded on this form. Receipts must be numbered and taped to (a) separate piece(s) of paper. Items that may be considered as **reimbursable expenses** include: clothing, shoes, school supplies, luggage, calculator, eye glasses, school fees, band instrument rental, yearbooks, and medications (including immunizations not received prior to arrival in the U.S.) Items that are **not reimbursable** are: telephone bills, restaurant receipts, prom dresses, tickets to events, travel expenses, toiletries/personal items, furniture, and gifts. These expenses are to be paid out of the monthly stipend. Please submit all expenses to CIEE (Attn Grants) 300 Fore Street Portland, ME 04101 or grants@ciee.org. You may use the reverse side for additional expenses.

RECEIPT #	DATE	AMOUNT	ITEM DESCRIPTION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
		Total:	

OFFICE USE ONLY

AMOUNT	PROGRAM	PROGRAM TERM	ACCOUNT NAME

authorized signature

date