

**Participant Reimbursement Request
Individual Career Advancement Network (ICAN)**

<i>Participant Name:</i>	<i>SSN Last four:</i>
<i>Town of Residence:</i>	<i>VJL Number:</i>

ICAN Teaming Details	
Current ICAN Phase:	
Current ICAN Team:	
Braided Funding Explored? Yes No <i>Details must be in VJL case notes.</i>	

Participant Reimbursement Request #1			
Date:	Type:	Item being Purchased:	Amount:
Related ICAN component and allowable activity:			
Customer – EBT Card	Vendor Name and Address		
Customer – Check			
Vendor Payment			

Participant Reimbursement Request #2			
Date:	Type:	Item being Purchased:	Amount:
Related ICAN component and allowable activity:			
Customer – EBT Card	Vendor Name and Address		
Customer – Check			
Vendor Payment			

Participant Reimbursement Request #3			
Date:	Type:	Item being Purchased:	Amount:
Related ICAN component and allowable activity:			
Customer – EBT Card	Vendor Name and Address		
Customer – Check			
Vendor Payment			

Participant Reimbursement Request #4			
Date:	Type:	Item being Purchased:	Amount:
Related ICAN component and allowable activity:			
Customer – EBT Card	Vendor Name and Address		
Customer – Check			
Vendor Payment			

Additional Activities and Details	Total Amount:

Prior to submitting a request to ESD, ensure the following:

- The participant has signed the participant reimbursement agreement for their current ICAN enrollment (signed agreement should be uploaded to VJL).
- Required verification is uploaded to VJL/emailed to ESD.
- VJL case notes include details about this PR request, braided funding, current ICAN phase, component and activity details and current teaming information.

By submitting this form, you are indicating there is appropriate documentation in VJL.

Agency Name and Name of individual completing this form:	
Signature	Date