

## Conference Travel Reimbursement Request Form

This form and all receipts must be submitted to the CASA Office within 30 days of conclusion of the conference, seminar, workshop or event to qualify for reimbursement consideration.

Volunteer Name: \_\_\_\_\_ I attended the \_\_\_\_\_  
 From (date): \_\_\_\_\_ To (date): \_\_\_\_\_ It was a:  Conference  Seminar  Workshop

### Expense Table

(Please complete for approved, out-of-town Conference travel only)

Date	Registration Cost	Hotel Cost	Meals Cost	Airfare Cost	Gas Cost
<b>Totals</b>					

I shared transportation with: \_\_\_\_\_  I shared a hotel room with: \_\_\_\_\_  Receipts attached/sent  
 Person's Name: \_\_\_\_\_ Person's Name: \_\_\_\_\_  Scanned  Faxed  Mailed  Delivered

I hereby certify that all items included above were paid by me and incurred in the name of authorized CASA education, and that they represent proper charges and only my portion of said expenses. I understand I must submit all receipts, a conference/seminar/workshop brochure to qualify for reimbursement consideration (per the CASA/CRB Volunteer Reimbursement Policy). I also understand I will not be reimbursed above the maximum allowed per event or the yearly maximum of \$700.00.

CASA/GAL Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I agree that my typed name above is my signature for purposes of this form and its veracity

### Please mail my reimbursement check to:

Type Real Name: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Address: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_  
 Soc Security #: \_\_\_\_\_  
 Preferred Telephone: \_\_\_\_\_

Comments:

**For CASA Office Use:**

Date Rec'd Office: \_\_\_\_\_ By: \_\_\_\_\_  
 Date Sent to Bd Treas: \_\_\_\_\_ By: \_\_\_\_\_  
 Date Check Sent to CASA: \_\_\_\_\_ By: \_\_\_\_\_  
 Date CASA Mgr: \_\_\_\_\_ By: \_\_\_\_\_

