

## Lucas County CASA Volunteer Mileage Reimbursement Form

\*Mileage must be submitted monthly to be eligible for reimbursement.\*

Your Legal Name: \_\_\_\_\_

*(Type legal name, not CASA name here)*

Month of: \_\_\_\_\_

DATE	STARTING ADDRESS	DESTINATION ADDRESS	DESCRIPTION/NOTES	PARKING COST/TOLLS	MILES TRAVELED
	<b>TOTALS</b>				

\_\_\_ I hereby certify that I have the minimum limits of auto liability coverage as follows: bodily injury, one person \$100,000; combined single limit each accident, \$300,000; property damage, \$50,000

\_\_\_ Parking/toll receipts attached

\_\_\_ Scanned \_\_\_ Faxed \_\_\_ Mailed \_\_\_ Delivered

FOR OFFICE USE ONLY:

Rate per Mile	<b>\$0.70</b>
Total Mileage Reimbursement	
Parking/Tolls	
Total Reimbursement	

**Signature** (type your **legal** name here): \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ By checking this box, I attest that I am the above-mentioned person and that this form is true and accurate. All items included were incurred in the discharge of authorized, official business and that they represent proper charges.

Approved by (Supervisor): \_\_\_\_\_ **Date:** \_\_\_\_\_