

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: _____

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:

FOR OFFICE USE ONLY:	Rate per Mile	\$0.725
	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: