

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
	TOTALS				

___ 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	\$0.760
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:** _____