

Chelan Douglas County CASA Program
Expense Reimbursement Form 2017

Date: _____

\$ Amount

Expense Items: (Chek applicable items. Please attach receipts

Travel Fares/Mileage (Calculate mileage @ 0.54/mile) _____
From _____ To _____ Number Miles _____
Purpose of Trip _____

Lodging/Meals/Telephone * Attach Receipts _____
Where stayed _____ Number of Nights _____ Purpose _____

Purchased Materials/Supplies/Rentals * Attach Receipts _____
For _____

Other Expenses (Attach explanation) _____

Cost of expenses are being contributed to the Program _____ **Total Expense** _____
– no reimbursement is requested

Check here if a Casework Expense

Check here if a Training Expense

Submitted by: _____
Signature

Make check payable to: _____
Print name

For Office Use Only

Approved for payment: _____

Date Approved: _____

Check No: _____

Acct. #: _____

Check Issued (Date): _____

*Note: The Chelan-Douglas County CASA Program is an IRS approved 501(c)3 non-profit organization. All contributions are tax deductible within the provisions of the applicable tax codes. EIN: 91-1643408