



EXPENSE VOUCHER - VOLUNTEER

VOLUNTEER NAME: _____

MONTH/YEAR: _____

Date	Purpose of Trip	From (Address)	To (Address)	Miles	@ .25/Mile	Other	Total

Total Miles: _____

Total Expenses: _____

I certify that the above statements are a true report of necessary money expended in the performance of official duties for the CASA Program.

Signed: _____

Date: _____

Approved: _____

Date: _____

To receive reimbursement, please return expense vouchers to our office within thirty days of the date expenses are incurred

Return to: Court Appointed Special Advocate (CASA) Program of Montgomery County
 1010 Grandin Avenue #B-3, Rockville, MD, 20851
 Phone: (301) 340-7458 Fax: (240) 319-7210