

First Circuit CASA Program - Travel Expense Voucher

115 E 11th Ave, Mitchell, SD 57301 | 605-996-1212 | Fax: 605-990-2758 | jackie.horton@mitchellcasa.org

Name:

Address:

Departure Date: Departure Hour:

Arrival Date: Arrival Hour:

Method of Travel: Plane Car

Nature of Business:

Location To: From:

EXPENSES

Total Mileage: @ 72.5 cents per mile = \$

Breakfast (max \$10 in-state / \$10 out-of-state)

Lunch (max \$18 in-state / \$21 out-of-state)

Dinner (max \$28 in-state / \$29 out-of-state)

Lodging (receipts must be attached)

Approved expenses (taxi, shuttle, airfare, etc.)

Total amount due: \$

Check payable to:

Mailing Address:

Are you a: Board Member Volunteer Staff Consultant/Other

Signature: