



First Circuit CASA Program
115 E 11th Ave,
Mitchell, SD 57301
605-996-1212
605-990-2758 fax
e-mail: jackie.horton@mitchellcasa.org

TRAVEL EXPENSE VOUCHER

NAME: _____
ADDRESS: _____

Departure from Home: Date: _____ Hour: _____
Arrival at Home: Date: _____ Hour: _____
Method of Travel (check one): Plane _____ Car _____
Nature of Business: _____

Location (city or town) To: _____ From: _____

EXPENSES:
Total Mileage: _____ @ \$70 cents per mile = \$ _____

Meals: Breakfast (maximum \$10.00 per day / \$10.00 out of state) = \$ _____
Departure between 5:30 a.m. and 8:00 a.m
Lunch (maximum \$18.00 per day / \$21.00 out of state) = \$ _____
Departure between 11:30 a.m. and 1:00 p.m
Dinner (maximum \$28.00 per day / \$29.00 out of state) = \$ _____
Departure between 5:30 p.m. and 8:00 p.m.

Lodging: (receipts must be attached) \$ _____

Approved expenses: (receipts must be attached, to include taxi,
shuttle, airline ticket stubs, etc.) \$ _____

Total amount due: \$ _____

Check to be made payable to: _____
(please print)

Mailing Address: _____

Are you a: _____ board member _____ volunteer _____ staff member _____ consultant /other

Signature