Mileage Reimbursement Request*

Confidential Request Form

CASA
Court Appointed Special Advocates
FOR CHILDREN
CASA OF MCHENRY COUNTY

Date Submitted: _____ (Requests are due by the 5th of the month following the expense)

CASA Name: _____ **Phone #:** _____

Email: _____ **Venmo Acct** (opt)**:** _____

Address: _____

Date of Trip 1: _____ **Round Trip Miles:** _____

From Address: _____

To Address: _____

Date of Trip 2: _____ **Round Trip Miles:** _____

From Address: _____

To Address: _____

Date of Trip 3: _____ **Round Trip Miles:** _____

From Address: _____

To Address: _____

For Month _____ **Total Miles** _____

☐ Yes, all contact logs for related activities are complete in Optima

(Mileage Reimbursement will be .43 per mile when driving over 150 miles for the month.)

For Office Use Only Accepted Rejected

_____ _____

Advocate Manager Signature Date

_____ _____

Program Director Signature Date

Total Amount $: _____ Check / Venmo Date: _____

_____

** The Mileage Reimbursement Program is funded through a grant. This program is not guaranteed or yet funded into the following fiscal year.*