

The Buffalo Trace CASA Program, Inc.

28 West 2nd Street PO Box 631
Maysville, Ky. 41056

DATE _____

Volunteer Travel Reimbursement Claim - must submit within 90 days of travel

*must be an active volunteer, have updated Activities Forms Completed, and/or CASA Connect information inputted,
and Training hours updated

NAME OF CLAIMANT _____

ADDRESS _____

A. TRAVEL TO APPROVED REGIONAL, STATE OR NATIONAL CONFERENCE MEETING

Date	Conference or Meeting	Breakfast	Lunch	Dinner	Room	Miles	Charge for miles	Other	TOTAL
									\$0.00
									\$0.00
									\$0.00
Sub-Totals (A)									\$0.00

B. MILEAGE OR OTHER

Date	Location-Include Address	Purpose	Miles	Charge per mile	Other	Total
						\$0.00
Sub-Totals (B)						

GRAND TOTAL (A&B) _____ \$0.00

Claimant Signature _____ Date _____

Signature of Approving Official _____ Date _____