



**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