

Court Appointed Special Advocates of Rochester/Monroe County, Inc.

Natalie Copeland – Program Director

Family Court of the State of NY • Hall of Justice, 99 Exchange Blvd. • Room 272 • Rochester, NY 14614-2115

Phone: 585-371-3981 • Fax: 585-280-5292 • Email: casa@casarochester.org • Web: www.casarochester.org

EXPENSE REIMBURSEMENT FORM

Please complete the following information and attach all receipts. Sign and date the bottom for timely reimbursement of your itemized expenses. Use additional forms if necessary.

Please note that the current mileage reimbursement rate is \$.70 per mile.

FOR OFFICE USE ONLY

Checked for accuracy

Account(s)

No sales tax

Paid with check #

Approved ____ Date

MILEAGE & PARKING

Case Name	Date	Travel (from and to)	# of Miles	Parking Location	Parking Expense	Total Expense
Subtotals:			*\$0.70 = \$			

MISCELLANEOUS

Case Name	Date	Nature of Expense (please be specific)	Cost
Subtotal:			

I certify that the above expenses are true and valid, and have attached all necessary receipts for reimbursement.

Signature: _____ Date: _____