CASA
Court Appointed Special Advocates
FOR CHILDREN

SARPY COUNTY CASA PROGRAM

georgies@sarpy.com

CASA Mileage Claim Form

Name_____

Case Name_____

I certify that I have traveled_____miles in carrying out my CASA duties,

and I therefore claim_____X_____=_____ in expenses.

A log of my mileage is attached.

Signed _____

Approved_____

Date_____

All claims for mileage expenses must be made within three months.

Email Form