



OHIO CASA/GAL ASSOCIATION
 Travel & Expense Reimbursement Request

NAME: _____ DATE: _____

SIGNATURE: _____

MILEAGE REIMBURSEMENT

| Travel Date | From (address) | To (address) | Miles | Purpose |
|-------------|----------------|--------------|-------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TOTAL MILES DRIVEN _____ x 0.46 = _____
 MILEAGE DUE

PURCHASE REIMBURSEMENT

| Vendor/Item | Amount | Purpose |
|-------------|--------|---------|
| | | |
| | | |
| | | |

TOTAL DUE FOR PURCHASES _____

TOTAL REIMBURSEMENT

$$\begin{array}{r}
 \underline{\hspace{2cm}} \\
 \text{MILEAGE DUE}
 \end{array}
 +
 \begin{array}{r}
 \underline{\hspace{2cm}} \\
 \text{TOTAL DUE FOR PURCHASES}
 \end{array}
 =
 \boxed{\hspace{2cm}}
 \begin{array}{r}
 \text{TOTAL AMOUNT DUE}
 \end{array}$$

APPROVAL: _____ DATE: ____/____/____