



First Circuit CASA Program  
200 E 5<sup>th</sup> Ave, Suite 2  
Mitchell, SD 57301  
605-996-1212  
605-990-2758 fax  
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### TRAVEL EXPENSE VOUCHER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Departure from Home: Date: \_\_\_\_\_ Hour: \_\_\_\_\_  
Arrival at Home: Date: \_\_\_\_\_ Hour: \_\_\_\_\_  
Method of Travel (check one): Plane \_\_\_\_\_ Car \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

Location (city or town) To: \_\_\_\_\_ From: \_\_\_\_\_

EXPENSES:  
Total Mileage: \_\_\_\_\_ @ \$0.545 cents per mile = \$ \_\_\_\_\_

Meals: Breakfast (maximum \$6.00 per day / \$10.00 out of state) = \$ \_\_\_\_\_  
*Departure between 5:30 a.m. and 8:00 a.m*  
Lunch (maximum \$11.00 per day / \$14.00 out of state) = \$ \_\_\_\_\_  
*Departure between 11:30 a.m. and 1:00 p.m*  
Dinner (maximum \$15.00 per day / \$21.00 out of state) = \$ \_\_\_\_\_  
*Departure between 5:30 p.m. and 8:00 p.m.*

Lodging: (receipts must be attached) \$ \_\_\_\_\_

Approved expenses: (receipts must be attached, to include taxi,  
shuttle, airline ticket stubs, etc.) \$ \_\_\_\_\_

**Total amount due:** \$ \_\_\_\_\_

Check to be made payable to: \_\_\_\_\_  
(please print)

Mailing Address: \_\_\_\_\_

Are you a: \_\_\_\_\_ board member \_\_\_\_\_ volunteer \_\_\_\_\_ staff member \_\_\_\_\_ consultant /other

\_\_\_\_\_  
Signature