

## Lucas County CASA/GAL Mileage Reimbursement Form

Your Legal Name: \_\_\_\_\_  
(type legal name, not CASA name here)

Month of: \_\_\_\_\_  
OR

Current Date: \_\_\_\_\_

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

*\*Mileage must be submitted monthly to be eligible for reimbursement*

Date	Odometer Begin	Odometer End	# of Miles	Parking (Receipts Required)	Person/Agency Contacted	Person/Agency's Relationship to Case	Address
Totals							

I hereby certify that I have the minimum limits of auto liability coverage as follows:

Bodily Injury, one person                   \$ 100,000.00  
 Combined Single Limit Each Accident:   \$ 300,000.00  
 Property Damage:                             \$ 50,000.00

Parking receipts attached

Scanned    Faxed    Mailed    Delivered

I hereby certify that all items included above were incurred in the discharge of authorized official business, and that they represent proper charges.

Signature *(type your legal name here)*: \_\_\_\_\_

By checking this box, I attest that I am the above mentioned person and that this form is true and accurate. All items included were incurred in the discharge of authorized, official business and that they represent proper charges.

Approved by (Supervisor): \_\_\_\_\_

Approved Date: \_\_\_\_\_

