



## CASA/GAL Training Hours Submission and/or Reimbursement Form

**Volunteers:** You are mandated by National CASA Association Standards to complete 12 hours of in-service training each year. When you take a training, please complete this form in full and submit it to the CASA Office. The CASA Office will record and track your training hours for you. We will also reimburse you for a portion of your workshop/seminar cost when submitted below.

**A current schedule of available training is always posted on the Lucas County CASA website ([www.casakids.net](http://www.casakids.net)) under the subsection 'Training'.**

CASA Name: \_\_\_\_\_ Legal Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Preferred Telephone Number: \_\_\_\_\_ Preferred E-mail: \_\_\_\_\_

I completed the following training (list INDIVIDUAL workshops, seminars, and/or classes):

Date	Workshop Title	Presenter (Need name and Credentials)	Start Time	End Time	Rule 48 Eligible?	Cost
					<input type="radio"/> Yes	
					<input type="radio"/> Yes	
					<input type="radio"/> Yes	
					<input type="radio"/> Yes	
		TOTAL HOURS <i>(staff will compute)</i>			TOTAL	

Training CERTIFICATE attached/sent  Yes  No  
 Scanned  Faxed  Mailed  Delivered

Workshop/Seminar **\*RECEIPT** attached/sent  Yes  No  
 Scanned  Faxed  Mailed  Delivered

*\*Reimbursement cannot be sent until a receipt is submitted to CASA*

**Please Mail Check To:**

Your legal name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For Office Use:

Date Rec'd: in Office:

Date Posted to Casa Mgr:

Date to Treasurer:

Date Check to CASA:

Approved by Director  Yes  No

\$\$ to be Reimbursed: