

**Children's Advocacy Center of Greater West Texas, Inc.  
CASA Case Management Travel**

Date	Travel From	Travel To	On To	Case And Reason	Round Trip Miles
				<b>Total Miles</b>	

Amount per mile:           .575

Total:           \$.

I confirm that the above is a complete and correct statement of the mileage for which I, personally, used my automobile for applicable CAC business during the month of \_\_\_\_\_, \_\_\_\_\_.

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

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