Maine Volunteer Court Appointed Special Advocates Program
Bill for Expense Reimbursement
AOC – Family Division, 171 SHS, Augusta, ME 04333-0171

Name:			**PV-40A-**
Address:			AOC use only
SSN:		**Vendor Code:**	

Daily Mileage Expense @ $.44 per mile (effective 1/1/09)

Docket No.	Date Travel Occurred	Departure point to destination (i.e.: Portland-Bath-Portland) & reason (i.e.: FTM, court, child visit)	Round Trip Mileage	$ Amount Per Trip

Telephone		**Miles Traveled & Mileage Amount Claimed:**	0.00	$0.00
Postage				
Parking				
Tolls				
Copying				
Supplies				

Receipts are required for all miscellaneous expenses & should be attached to this bill when submitted

Total Misc. Expenses Claimed:	$0.00
Total Claimed & Balance Due:	$0.00

ADMINISTRATIVE OFFICE USE ONLY
*****Approved for Payment*****

Fund	Agency	Org	Approp	Object	Amount
010	40A	2053	012		

Signature of official authorized to approve expenses

I certify that the above detailed amounts were in accordance with applicable regulations; were actually paid; and that the expenses were occasioned by official CASA business.

Signature of CASA Volunteer — Date

I certify that the expenses above were required by official CASA duties and are in accordance with all applicable regulations.

Signature of official authorized to approve expenses — Date