

## Mileage/Travel Log

Foster Family Name: \_\_\_\_\_

Time period covered: \_\_\_\_\_ to \_\_\_\_\_

Date	Description of Travel (Destination to/from)	Child's Name	Purpose of Trip	Total Mileage
<b>Totals</b>				
<b>Reimbursement Amt</b>				

Please list reimbursable mileage for foster children above.  
 For information regarding what travel is reimbursable, please refer to the Foster Parent Manual.

Round off to the nearest mile (no 1/10's please).  
 If it's a "round trip" (home → ?? → home) use only one line  
 Total each column as well as the grand total.  
 If there is not enough room, attach another sheet.  
 This form must be accompanied by a PO in order to be paid.



Signatures required for payment to be approved.  
 Foster Parent: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_  
 Program Manager: \_\_\_\_\_  
 Fiscal Manager: \_\_\_\_\_