

KY FOSTER PARENT MILEAGE EXPENSE REPORT

Foster Parent Legal Names: _____ Mileage Month: _____ Year: _____

Foster Parent Address: _____ Branch Name: _____

Date	Child's Legal First and Last Name List each child on trip. Use more than one line if necessary.	APPROVED REASON for TRAVEL 1. Bio family visit 2. Pre-placement visit 3. Court 4. Therapy 5. Doctor/Medical appt. 6. New placement pickup 7. Placement discharge 8. IL class 9. Team meeting	RD approved travel; office use only	Complete Origination Address Street number and name, City, State, and Zip Code Use more than one line if necessary.	Complete Destination Address Street number and name, City, State, and Zip Code Use more than one line if necessary.	Total Round Trip Miles No Decimals	Subtract 20 Miles Unless Bio Visit	Net Round Trip Miles No Decimals
		Number:	<input style="width: 20px; height: 15px;" type="text"/>				-20	
		Number:	<input style="width: 20px; height: 15px;" type="text"/>				-20	
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Total Miles								

Foster Parent Signature _____ Date _____

TSS Signature _____ Date _____

RD Signature for approval if necessary _____

Reason for RD approval _____

Respite pickup/drop-off is not reimbursable/do not log.

Use separate sheet for each month.

Multiple trips on same day/specify drop-off/pickup

Forms due by the 15th of the following month.