# 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 a Bio Visit | Net Round Trip Miles No Decimals |
|---|---|---|---|---|---|---|---|---|
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | Number: | ☐ | | | | -20 | |
| | | | | | | 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.

Revised:20190307tmh

***Trips with incomplete/illegible information cannot be processed***