

BRADFORD COUNTY CHILDREN & YOUTH

Foster Parent Expense Reimbursement Request

Child's Name: _____
 (One sheet per child)

Foster Parent(s): _____

Address: _____

Month and year: _____

Please use a new sheet for a new month. Do not put more than one month per sheet.

Date: _____ Time of appointment/visit/drop-off (if applicable): _____ <input type="checkbox"/> Check if transportation for parent visit <input type="checkbox"/> Check if expense receipt is attached Explanation (Transportation for parent visit; clothing, etc.): _____ _____ Miles* _____ Amount: _____
Date: _____ Time of appointment/visit/drop-off (if applicable): _____ <input type="checkbox"/> Check if transportation for parent visit <input type="checkbox"/> Check if expense receipt is attached Explanation (Transportation for parent visit; clothing, etc.): _____ _____ Miles* _____ Amount: _____
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Total Mileage*	X
Total Expenses (this side):	
Total Expenses (other side):	

*Mileage reimbursement cost change according to current gas prices.
 If you need more space, please use back.

Date: _____ Time of appointment/visit/drop-off (if applicable): _____

Check if transportation for parent visit Check if expense receipt is attached

Explanation (Transportation for parent visit; clothing, etc.): _____

Miles* _____ Amount: _____

Date: _____ Time of appointment/visit/drop-off (if applicable): _____

Check if transportation for parent visit Check if expense receipt is attached

Explanation (Transportation for parent visit; clothing, etc.): _____

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Miles* _____ Amount: _____

Date: _____ Time of appointment/visit/drop-off (if applicable): _____

Check if transportation for parent visit Check if expense receipt is attached

Explanation (Transportation for parent visit; clothing, etc.): _____

Miles* _____ Amount: _____

Amount Total (this side): _____

Please transfer Totals to front side of sheet.

*Mileage reimbursement cost change according to current gas prices.