FOSTER CARE MILEAGE REIMBURSEMENT

 Foster Parent Name:

Foster Home Address:

Allowable Mileage Expenses

*Service Related- Medical, Optical, Dental, Hospital Trips, Counseling, Early Intervention, etc.

*School- Travel for required activities, such as IEP meetings, parent/teacher conferences, school/developmental evaluations, detentions, to and from school if no bussing available *Agency- Visits, Semi-Annual Reviews, Case Planning Meetings, Court, etc.

*Training- Out of County Training (must have prior approval when 75 or more miles one way). If you are licensed by ACCS and live in another county, travel to Athens for training is not considered out of county training

Date	Child(ren)- first and last names	Destination	Purpose & Time	Miles
		City & Place (must list address not just name)		

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	Total Milaaga Raguestad:	miles @ 65.5 cents/mile= \$				
Total Mileage Requested: miles @ 65.5 cents/mile= \$						

I verify the above expenses were incurred in caring for the above-named child(ren).

Foster Parent Signature

Date

Agency Approval

Date