## **INSTRUCTIONS:**

Complete and submit this reimbursement form by the 15<sup>th</sup> of each month to the case manager assigned to the foster child in your home. Approved items will be included in the grant you receive the following month. Use this form to report all expenditures (except for clothing allowance reimbursement) for which you are requesting reimbursement. If you have questions about what expenses are reimbursable, contact the child's case manager or your coordinator.

## **FOSTER CARE REIMBURSEMENT**

Date	Destination	Foster	Child's Name	Purpose		Mileag
				Total Miles Reimbursab	Joi	
Mileage Reimbursement Ra					te:	.655
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Date	EXPENSES: Item		Foster Child's Name			Cost
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				TOTAL		
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		Ever	nt Name			
Date Date		Even	nt Name			
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		Ever	t Name	TOTAL		
		Ever	it Name	TOTAL		
	Foster Parent Names	Ever	it Name			
	Foster Parent Names	Ever	it Name	TOTAL  Complete Address		
Date				Complete Address		
Date	Foster Parent Names					

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