

**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****EXPENDITURES:**

| Date                               | Destination | Foster Child's Name | Purpose | Mileage     |
|------------------------------------|-------------|---------------------|---------|-------------|
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
|                                    |             |                     |         |             |
| <b>Total Miles Reimbursable:</b>   |             |                     |         |             |
| <b>Mileage Reimbursement Rate:</b> |             |                     |         | <b>.670</b> |
| <b>TOTAL</b>                       |             |                     |         |             |

**OTHER EXPENSES:**

| Date         | Item | Foster Child's Name | Cost |
|--------------|------|---------------------|------|
|              |      |                     |      |
|              |      |                     |      |
|              |      |                     |      |
|              |      |                     |      |
| <b>TOTAL</b> |      |                     |      |

**TRAINING:**

| Date         | Event Name | Cost |
|--------------|------------|------|
|              |            |      |
|              |            |      |
| <b>TOTAL</b> |            |      |

| Foster Parent Names | Complete Address |
|---------------------|------------------|
|                     |                  |

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_