

**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>.70</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: \_\_\_\_\_