Foster Pa	rent Name:				
			MILEAGE REPORT	Γ	
		DIVISION O	F CHILD AND FAMILY	SERVICES	
INSTRUC location, a	ETIONS: Enter date and state the purpose of	of visit, beginning odome the trip. Submit to your l	ter, ending odometer, total mileocal office each month with m	eage, beginning location (if not hileage claim.	nome address), ending
DATE	BEGINNING ODOMETER	ENDING ODOMETER	TOTAL MILEAGE	TRIP PURPOSE	Verified By

The above trips were necessary in the performance of my duties.	I have reviewed the above and find the trips to be accurate and justifiable.		
(Foster Parent)	(Licensing Worker or designee)		

PLEASE NOTE THAT GOOGLE MAPS (maps.google.com) MUST BE ATTACHED TO MILEAGE REPORT WHEN SUBMITTING FOR REIMBURSEMENT. ODOMETER READINGS MUST MATCH TOTAL MILEAGE.

Updated: 4/25/2014