

New Horizons Child Placing Agency

Foster Parent Mileage Log



Foster Parent Name:						Month of Travel:	
Make and Type of Vehicle:						Program:	
Date	Destination		Mileage			Youth	Purpose of Trip
	Address From	Address To	Beginning	Ending	Miles		
					Total Miles		
					Mileage Rate .20 = Total		

By submitting this document, I certify the above information is valid and accurate.

Foster Parent Signature

Date:

Child Placement Management Staff Signature

Date:

