MONTHLY FOSTER PARENT MILEAGE AND EXPENSE REPORT

Foster parent name:

MONTH/YEAR:

DATE	STARTING MILEAGE		TRAVEL DESTINATIONS		NDING ILEAGE	TOTAL MILES				
Total monthly mileage										
Subtract Mileage provided in per diem(Levels I& II, 60; Level III, 90; Level IV, 150										
			Mi	les per	child)					
Total miles claimed:			At \$.40 per mile equals:		\$					
				T						
Traveler's Certificate: I certify that the statements made herein are true, that mileage listed was actually driven on county business, and that the expenses were in accordance with State and County regulations. I also certify that I have liability insurance as required in ORC 4509.51 (Bodily injury one person \$12,500; two persons \$25,000; property damage \$7,500).										
Submitted:	Submitted: Approved:									
Foster Parent Signature Supervisor					ervisor					

DATE	STARTING MILEAGE	TRAVEL DESTINATIONS	ENDING MILEAGE	TOTAL MILES