

**WAYNE COUNTY CHILDREN SERVICES
MONTHLY MILEAGE REIMBURSEMENT**

Relative/Kinship Caregiver Name _____ Month _____
 Address _____

 Phone Number _____ Year _____

NOTE: Reimbursement may be claimed when driving to or transporting kinship children for:

- Medical/dental/optical appointments
- Family visitation
- Counseling appointments
- Court appearance
- Semi-annual reviews (SAR) / Family Team Meetings (FTM)
- Summer camp
- Respite
- School conferences

Turn in ***promptly*** by the 3rd working day of the following month. Late submissions will not be accepted.

DO NOT CUT/PASTE INFORMATION INTO THE MILES COLUMN OF THIS FORM - WILL NOT TALLY CORRECTLY!

DATE	NAME OF RELATIVE/KINSHIP CHILD TRANSPORTED	DESTINATION-ONE WAY (street address & city)	PURPOSE OF TRIP (select from list)	MILES DRIVEN

MILEAGE TOTAL THIS PAGE _____

 Kinship Caregiver Signature / Date

 Caseworker Signature / Date

OFFICE USE ONLY

Miles Driven	_____
Miles Reimbursed	_____
Rate Reimbursed	_____
Total Reimbursement	_____