

**Mileage Expense Report  
WARREN COUNTY CHILDREN SERVICES**

Foster Parent(s): \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Child(ren): \_\_\_\_\_

Please Print Legibly

Date	Departure Address	Destination Address	Purpose	Mileage Start	Mileage Finish	Total Mileage

**\*\* Reimbursement ONLY for medical, visitations, educational and therapy\*\***

Total Miles: \_\_\_\_\_  
 Rate Per Mile: \$0.50  
 Balance Due to Foster Parent: \_\_\_\_\_

\*Mileage more than 60 days old will NOT be reimbursed

\_\_\_\_\_  
 Foster Parent Signature          Date

\_\_\_\_\_  
 Approval Signature                  Date: