



SAMPLE

Children's Administration
Division Of Children And Family Services

Mileage Reimbursement

FIELD OFFICE Tacoma	
DSHS CASE NO. 275561	
PROVIDER NUMBR caregiver's provider #	STATE WA
	ZIP CODE 98401

NAME OF CLAMANT Caregiver							CITY Tacoma		SOCIAL WORKER		WORKER INITIALS
ADDRESS Caregiver Address							STATE WA		ZIP CODE 98401		
DATE	TRIP/TIME DEPART	TRIP/TIME RETURN	FROM: (START POINT)	TO: (END POINT)	PURPOSE OF TRIP (SEE**)	#OF MILES	CHILD'S FULL NAME	SOCIAL WORKER	WORKER INITIALS		
8/5/08	3pm	6pm	Tacoma	Seattle	#1. sibling visit	68 miles	John and Jane Doe	Suzy Cue			
8/5/08	3pm	6pm	Tacoma	Seattle	#8. sibling visit activity reimbursement RECIEPTS MUST BE ATTACHED	\$15.00	John and Jane Doe	Suzy Cue			
8/23/08	10 am	1 pm	Tacoma	Lacey	#1. sibling visit	52 miles	Ida and Mona Cross	Tom Thumb			
8/23/08	10	1pm	Tacoma	Lacey	#8. sibling visit activity reimbursement RECIEPTS MUST BE ATTACHED	\$5.72	Ida and Mona Cross	Tom Thumb			

Burger King #7018
 1809 Marvin Rd East
 Lacey, WA 98516
 (360) 456-6562

8/16/08 3:42:33 PM
 Dr-Thru

Register: 15
 Cashier: Jessie H.
 1 Kid Burg Mt Cns
 * + Apple Fries 0.49
 + Kids Coke
 + Apple Juice
 2 Mega Jr.
 Kids Toy

Tran Seq No: 279
 2.00
 Sub. Total: \$5.28
 Tax: \$0.44
 Total: \$5.72
 Discount Total: \$0.00
 Charge: \$0.00
 \$5.72
 HOW WAS IT? TELL US AT 1-866-425-4745
 CHECK IN ANY ONE OF OUR RESTAURANTS

*** PURPOSE OF TRIP
 1. VISITATION
 2. COUNSELING
 3. SCHOOL-RELATED ACTIVITY
 4. COURT HEARING
 5. TO/FROM PLACEMENT
 6. MEDICAL APPOINTMENT
 7. MISC. FEES (i.e. parking, ferry etc)
 8. OTHER (SPECIFY)

FOR OFFICE USE ONLY! DO NOT WRITE BELOW LINE

MILES	RATE 0.505	TOTAL REIMBURSEMENT mileage/acitivity receipts up to \$7.50 per child/per visit/2x month	AUTHORIZATION NUMBER	DATE	INITIALS	SOCIAL WORKER APPROVAL

To receive reimbursement, you must submit this form within 90 days of the last day of the month in which you traveled.

SUPERVISOR APPROVAL