Adult and Child Center, Inc.
Mileage and Expense Reimbursement Form

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Foster Parent Name

Mileage Reimbursement

Date	Destination & Purpose	Mileage
	Total Miles This Page	0
	Total Miles From Other Pages	
	Total Miles All Pages	0
	Mileage Rate Effective 01/01/07	0.405
	Total Mileage Reimbursement	$ -

Expense Reimbursement

Date	Description	Amount
	Total Expense Reimbursement	$ -

Please total each section.
Please staple all receipts to the back of this form.

TOTAL REIMBURSEMENT $ -

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Foster Parent Signature Date

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Supervisor Signature Date