



New Beginnings Family Services, Inc.
Foster Parent Mileage

Foster Family: _____

Month: _____

Child's Name	Date	Purpose of Travel (Medical, Family Visit, Other)	Destination		Total Miles	Total Miles in excess of 40 mile radius (80 total)	Rate (State Mileage Rate)	Total
			From (Complete Address)	To (Complete Address)				
EXAMPLE	05/27/16	Office Visit	495 Erlanger Rd. Erlanger, KY 41018	332 Highland Park Dr Richmond, KY 40475	199.80	119.80 (199.80 - 80)	\$ 0.40	\$ 47.92
							\$ 0.40	
							\$ 0.40	
							\$ 0.40	
							\$ 0.40	
							\$ 0.40	
							\$ 0.40	
							\$ 0.40	
							\$ 0.40	
							\$ 0.40	
Total Amount Due:								



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Note: A per diem rate of \$0.40 cents will be paid per mile for transportation of a child/youth **beyond a 40 mile radius** (each way) for approved appointments, family visits, etc. A complete address **must** be entered above when requesting reimbursement.