



**Peguis Child & Family Services  
Foster Parent Mileage Claim Form**



Foster Parent: \_\_\_\_\_

Month : \_\_\_\_\_

Childs Name: \_\_\_\_\_

Cheque Address: \_\_\_\_\_

Social Worker: \_\_\_\_\_

**Fill in \$ amount for Breakfast, Lunch, or Supper -  
Meals are paid on actuals, receipts are  
REQUIRED**

Date	Destination		Purpose of Trip (Home visit, Medical)	A) Total Km	B) Break- fast (\$7.85 MAX) before 7:00am	C) Lunch (\$9.85 MAX) 11:00am - 1:00pm	D) Supper (\$16.70 MAX) after 5:30pm	E) Other Transport ation (eg. Parking
	From (Address)	To (Address)						
<b>Total KM</b>								
<b>Mileage Calculation Total</b>				X.43				
<b>Sub Total</b>				\$	\$	\$	\$	\$
				(A)	(B)	(C)	(D)	(E)
<b>GRAND TOTAL ( A + B + C +D + E )</b>								\$

This is a true statement of my mileage & expenses:

Approved by:

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

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date