THE SALVATION ARMY CHILDREN'S SERVICES
TRAVEL MILEAGE LOG

Foster Parent Name: _____ Cost Center: Foster Care

The following is a true statement to the best of my knowledge of the necessary expenses

and costs of transportation due to me for the period of _____
Month **Year**

Date	Transport Destination and Purpose of Transport	Odometer Start	Odometer End	Mileage

TOTAL MILES: _____

X AGENCY MILEAGE RATE **.**_____

TOTAL $ AMOUNT = _____

DATE: _____ FOSTER PARENT SIGNATURE: _____

PROGRAM DIRECTOR'S AUHTORIZATION: _____