

Resource Parent Mileage/Expense Reimbursement Form: This form is to request reimbursement for allowable expenses and mileage (at the rate of 40 cents per mile). See the purpose key below for what is considered an unallowable expense. Form must be submitted by the 4th of the following month (ex. March expenses must be submitted by April 4th).

Name:			
Address, City, State, Zip:			
Month/Year:		Phone #:	

Date	Purpose: (See key below)	Address Start and End:	Tolls/ Parking:	Total Miles (ROUND TRIP)
TOTALS:				

PURPOSE KEY:

M = Medical/Dental appointments
V = Visitation (specify if parent/sibling/etc.)
T = Therapy
C = Court
P = Parking/tolls **RECEIPTS MUST BE INCLUDED**
E = Expense (Include brief description and the amount. This is should only be used for expenses that do NOT fit into the categories listed below. **RECEIPTS MUST BE INCLUDED.**)

The following are NOT reimbursable expenses: Clothing, food/restaurants, vacations, travel to child’s job, hairstylist/barber, sporting events. If you are unsure if an expense/mileage can be reimbursed, please check with PA Child Staff BEFORE submitting

FOR PA CHILD PAYROLL OFFICE USE ONLY	
Mileage Reimbursement: (total miles X \$0.40 + tolls)	
Expense Reimbursement: (if approved)	

Resource Parent Signature _____ **Date** _____

PAC Staff Signature _____ **Date** _____