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:	Jane Smith		
Address, City, State, Zip:	123 Main Street, York PA 17401		
Month/Year:	January 2023	Phone #:	(123) 456 - 7890

Date	Purpose: (See key below)	Address Start and End:		Total Miles (ROUND TRIP)
01/01/23	М	123 Main Street, York TO 1 Doctor Drive, York		10
01/07/23	V - parent	123 Main Street, York TO 456 Maple Street, Lancaster		50
01/10/23	Т	123 Main Street, York TO PA Child, 3301 W Market Street York	0	5
01/15/23	С	123 Main Street, York TO 45 N George Street, York	\$3.00	5
RE	MEMBER, YC	U MUST INCLUDE YOUR PARKING RECEIPTS TO RECEI	VE REIM	BURSMENT
	E	Include a brief description of the expense and the amount here. You have are expenses that do not fall under the non-reimburseable of the same and the same are unsure, please ask your case manager or email payrollogically	DU MUST ategories pachild o	INCLUDE A RECEIP listed below.
		TOTALS	\$3.00	70

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)			

Jane Smith	01/31/2023		
Resource Parent Signature	Date		

PAC Staff Signature	Date
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