MILEAGE LOG

(reimbursement for mileage over 325 km per child per month)

For the Period of _____ YYYYMMMDD _____ YYYYMMMDD

NAME OF CAREGIVER: _____ (First name Last name)

RE Number: _____

ADDRESS OF CAREGIVER: _____

Name of Child(ren) AND CS#: _____

Date (Use YYYY-MMM-DD)	km	Destination
Subtotal, km:	-	

Date (Use YYYY-MMM-DD)	km	Destination
Subtotal, km:	-	

Total driven, km: -

325 km x # of Children -

Total km minus included -

$ Owed (Km x $0.51) $ -

# of Children _____

325km/child is included in the Foster Family Care Rate

CAREGIVER SIGNATURE: _____

For any question, contact your MCFD Financial services team

Form name: RESPITE MILEAGE LOG

Form revision date: 2022-10-14 FSQA MCFD

Form location: N:_MCFD Shared Information_Ministry Wide Share\Finance\Forms