

### Foster Parent - Transportation Expense Report

Foster Parent(s) Name	Address (Street)	City, State, Zip		Phone	
20 Month/Day	Travel Points Point of Departure to Point of Destination	Miles	Parking	Purpose of Travel Including Case Name	Spvr. OK
<b>Column Totals</b>		<b>A.</b>	<b>B.</b>		

<p><i><b>Traveler=s Certificate:</b> I certify the statements made hereon are true, that the mileage listed was actually driven on County business, and that the expense incurred were in accordance with state and county regulations. I also certify that I have liability insurance as required in ORC 4509.51</i></p>	<p>Foster Parent Signature</p>  <p>Administrator Approval</p>  <p>Date</p>	<p>I Mileage (A) _____ per mile</p> <p>II parking (B)</p> <p>Total I and II:</p>	
		<p>Approval - Director or Designee</p>	