



Children's Services of Virginia, Inc.

REIMBURSEMENT VOUCHER—TRAVEL/TELEPHONE CALL

FOSTER PARENT

Month/Year: _____

Date: _____

Foster Parent: _____

Date of Travel	Billable To DSS Yes/No	Child's Name	Purpose of Travel	Traveled To/from	Total # Miles	Multiply by	Total \$
						.37	
						.37	
						.37	
						.37	
						.37	
						.37	
						.37	

Sub-Total (Travel) (1) _____

Re: AUTHORIZED telephone calls:
Please attach a copy of your telephone bill.

- Remember that a child's calls must be no more than 10min./week.
- Circle calls to be reimbursed.
- Add all calls to be reimbursed and put on Line (2).

Sub-Total (Telephone) (2) _____

TOTAL TO BE REIMBURSED _____

Please make sure this form arrives no later than the 20th of each month to your worker.

Foster Parent's Signature

Treatment Foster Care Worker's Signature

Clinical Director's Signature