CHILD - Complete a



780.430-7715 ~ #201-1207-91 St. SW, Edmonton AB T6X 1E9 main@crossroadsfs.ca fax: 780.430-7778

FOSTER PARENT MILEAGE LOG & CLAIM FORM

<u>NOTE</u>: All mileage must be discussed and approved by Case Worker. Mileage must be split equally if involving more than one child.

separate form for each child:	FOSTER FAMILY:		MONTH / YEAR:	
	Claim Training mileage	e on the Training Expense Cl	aim Form	
	START POINT	DESTINATION	REASON	KM
DATE	**Must have an actual Address (not home, doctor,	**Must have an actual Address	(e.g. Therapy, Specialist,	Traveled
	etc.)	(not home, doctor, etc.)	Bio-visit, etc.)	
			TOTAL	
			KILOMETERS	-
Mileage: TOTAL KMS x \$0.55 Parking (attach receipts)			\$	

REMINDER: "No payment for parking will be issued without receipts". Please attach.

Disclaimer: By submitting this expense claim, I declare that all expenditures listed on this claim were incurred

for the purpose stated.



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INFANT CARE ALLOWANCE – All Regions

CHILD - Complete a separate form for each child:	FOSTER FAMILY:	MONTH / YR:

<u>REIMBURSABLE EXPENSES</u> –FOR CHILDREN AGED 0-36 MONTHS.

MAX CLAIM IS \$150.00 PER MONTH PER CHILD.

ITEMS INCLUDE BABY FORMULA, DIAPERS, WIPES, BOTTLES, BABY CLOTHING, ETC

CANNOT INCLUDE TOYS

CAN ONLY CLAIM PURCHASES MADE WITHIN THE CURRENT MONTH

_				
Date of Receipt mm/dd/yy	Place of Purchase	DETAILS **EACH RECEIPT MUST BE LISTED SEPARATELY - MUST CHECK OFF/CIRCLE/INITIAL ON RECEIPT BESIDE EXPENSE BEING CLAIMED	Amount	Actual Amount pd ACCTG USE ONLY
TOTAL INFANT ALLOWANCE FUND			\$ -	\$ -

REMINDER: "No payment will be issued without receipts". Please attach.

Disclaimer: By submitting this expense claim, I declare that all expenditures listed on this claim were incurred for the purpose stated.



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INFANT CARE INITIAL EXPENSES FUND – All Regions

CHILD - Complete a separate form for each child:	FOSTER FAMILY:	MONTH / YR:

PRIOR APPROVAL REQUIRED

REIMBURSABLE EXPENSES - MAX CLAIM OF \$500.00

<u>FOR CHILDREN AGED 0-36 MONTHS</u>-ITEMS CAN INCLUDE EQUIPMENT SUCH AS CAR SEATS, CRIBS, STROLLER, BABY MONITOR, CHANGE TABLE AND HIGH CHAIR

**CANNOT INCLUDE TOYS **

Date of Receipt mm/dd/yy	Place of Purchase	DETAILS **EACH RECEIPT MUST BE LISTED SEPARATELY - MUST CHECK OFF/CIRCLE/INITIAL ON RECEIPT BESIDE EXPENSE BEING CLAIMED AND WRITE DESCRIPTION OF ITEM!!	Amount	Actual Amount pd ACCTG USE ONLY
<u></u>				
	TOT	AL INITIAL INFANT DI ACEMENT FUND	•	•
	1017	AL INITIAL INFANT PLACEMENT FUND	\$ -	\$ -

REMINDER: "No payment will be issued without receipts". Please attach.

Disclaimer: By submitting this expense claim, I declare that all expenditures listed on this claim were incurred for

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780.430-7715 ~ #201-1207-91 St. SW, Edmonton AB T6X 1E9 main@crossroadsfs.ca fax: 780.430-777

RECREATION FUND – All Regions

CHILD - Complete a separate form for each child:	FOSTER FAMILY:	MONTH / YR:

PRIOR APPROVAL REQUIRED

REIMBURSABLE EXPENSES - ACTIVITY FEES, SPORTING EQUIPMENT, ETC

MAXIMUM ALLOWABLE AMOUNT \$675.00 0-11 YEARS, \$775.00 12-18 YEARS

Recreation Fund runs from April 1st to March 31st

Date of Receipt mm/dd/yy	Place of Purchase	DETAILS **EACH RECEIPT MUST BE LISTED SEPARATELY - MUST CHECK OFF/CIRCLE/INITIAL ON RECEIPT BESIDE EXPENSE BEING CLAIMED AND WRITE DESCRIPTION OF ITEM!!	Amount	Actual Amount pd ACCTG USE ONLY
		TOTAL RECREATION FUND	-	\$ -

REMINDER: "No payment will be issued without receipts". Please attach.

Disclaimer: By submitting this expense claim, I declare that all expenditures listed on this claim were incurred for

the purpose stated.