



Secwepemc Child & Family Services
 300 Chilcootin Road, Kamloops, BC V2H 1G3 Ph. 250-314-9669 Fax: 250-314-9609

**Foster Care
 Travel Form**

Effective
 Nov 1/14

RE NAME: _____

ADDRESS: _____

Date	Child's Name	From	To	Reason for Travel	Km's
All submissions due by the 7th of the following month					
Sub TOTAL					

I certify that I travelled the distances indicated and
 was incurred on behalf of foster child(ren) in my care

APPROVALS:

Resource: _____

Caregiver: _____

Date: _____

Date: _____

Approval: _____

Monthly Deductable KM's <325 km>

Kilometre Total

Circle Chq. Delivery: _____
 X .51 = \$ _____
TOTAL PAYABLE

MAIL Chilcootin PU Sydney Ave PU