

APPROVAL FOR TRAINING EXPENSES

Foster Parent Name: _____

County Foster Parent Resides In: _____

County Training Was Held In: _____ Total Mileage: _____

Date of Training: _____ Training Hours: _____

Title of Training: _____

Babysitting Provided by: _____ Contact# _____

For the following Children: (Foster only)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Amount Paid to Babysitter: _____

If spouse did not attend training, were they working? _____

If Overnight training – meals provided: _____

Approved:

Verified Attendance at training/meeting: _____

Total mileage _____ x _____ mileage rate = Mileage total: \$ _____

Babysitting total: \$ _____ Meals (when applicable): \$ _____

TOTAL REIMBURSEMENT: \$ _____

R&C Approval:

R&C Worker

Date

R&C FSOS

Date