

**SARNIA - LAMBTON CHILDREN'S AID SOCIETY  
FOSTER CARE CHILD TRANSPORTATION EXPENSE FORM**

PRINT NAME:   
MONTH OF:

DATE SUBMITTED   
YEAR

CHILD ID:   
CASE ID

CHILD'S NAME		TRAVEL DETAILS				
DATE	FIRST NAME	LAST NAME	TRAVELLING FROM	TRAVELLING TO	KM'S	OTHER TRAVEL EXPENSES

PLEASE TURN OVER TO COMPLETE

PAGE TOTAL      0      \$0.00

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FOSTER CARE CHILD TRANSPORTATION EXPENSE FORM**

**CHILD ID:**

**CASE ID**

CHILD'S NAME			EXPENSES			
DATE	FIRST NAME	LAST NAME	TRAVELLING FROM	TRAVELLING TO	KM'S	OTHER TRAVEL EXPENSES
FOSTER PARENT SIGNATURE			<b>TOTAL CLAIM</b>		<b>0</b>	<b>\$0.00</b>
CHILDREN'S SERVICES SUPERVISOR (PRINT NAME & SIGNATURE)			<b>TOTAL FOR RE-IMBURSEMENT</b>			

Invoice # _____	Invoice Date _____	<ul style="list-style-type: none"> <li>✘ Original itemized receipts (NOT Photocopies, NO Debit / Credit Card Receipts) <b>MUST</b> be submitted with all claims.</li> <li>÷ For one receipt/multiple children – original receipt attached to one of the children. The only time photocopies of receipts will be allowed to be attached to other children is if multiple children on one receipt.</li> <li>✘ Expense claims shall be submitted by 2nd Wednesday of the month by 4:30 PM in a timely manner and at least within a three month period, excepting the end of year.</li> <li>✘ No expense claims submitted for a previous fiscal year shall be reimbursed submitted beyond April 15 of the next fiscal year.</li> </ul>	<b>FOR ACCOUNTING USE ONLY DO NOT COMPLETE</b>
Vendor Code: _____	Total Amount Paid _____		
Account # _____	Amount _____		
GST Account # _____	Amount _____		
Approval for Payment _____			
Cheque # _____	Cheque Date _____		
P/J # _____	C/R # _____	<b>FOSTER PARENT → WORKER → SUPERVISOR → ACCOUNTING</b>	