

HENNEPIN COUNTY

MINNESOTA

Child Foster Care Miscellaneous Expenditure Form

(Submit this form as soon as possible to avoid delay in payment)

Foster Parent(s) Name(s): _____ Provider #: _____

Child Foster Care Social Worker Name: _____

Fees/Expenditures
(attach receipts for approved expenditures)

Expense	Dates of Service	Amount	Comments

Mileage
(pre-approved by placing worker)

Start Address	Destination Address	Date	Reason	Child's Name	# of Miles

By signing below, I acknowledged receipt of the above fees/expenditures and/or mileage. I will talk with the Child Foster Care social worker if I have any questions.

Name of Foster Parent (print)

Signature of Foster Parent

Date

Please mail completed form to:

Hennepin County- Child Foster Care Licensing- 300 South Sixth Street, Minneapolis, MN 55487

Attn: _____ Mail Code _____

