



**STARK COUNTY CHILDREN SERVICES  
MILEAGE REIMBURSEMENT SUMMARY  
(Attachment to Transportation Record)**

Traveler's Certificate

I hereby certify that the statements made hereon are true, that the mileage listed was actually driven on county business, and that the expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as required in ORC 4509.51

**TOTAL MILEAGE (from previous page): \_\_\_\_\_**

FOSTER PARENT'S SIGNATURE:	DATE:
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**FOSTER PARENT INSTRUCTIONS**

Please record the date, the child's name, the starting (FROM) address, ending (TO) address and the mileage for each trip. Please insure that the title of all destinations is included in the address. *Example: Dr. John Doe, 2222 W. Tusc., Canton.* If more than one child is transported for the same purpose at the same time, payment will only be made for one child. **All mileage amounts are to be recorded as whole numbers, rounded to the nearest mile.**

**MAILING INSTRUCTIONS**

Mail the completed form, signed and dated to the attention of the foster child's social worker at this address:

Stark County Children Services  
Attn: (Social Worker's Name)  
221 Third Street SE  
Canton, Ohio 44702

**FOR STARK COUNTY CHILDREN SERVICES USE ONLY**

Social Worker: Please authorize this payment request and obtain the necessary authorization signatures from your supervisor and program administrator. Retain an approved copy in your case file and forward the original to Children Services Bookkeeping.

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Social Worker

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Date

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Supervisor

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Date

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Program Administrator

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Date