Rutledge Youth Foundation, Inc. **Foster Parent** MONTHLY MILEAGE REPORT **For the Month of** _____ 20__

NOTE: Mileage is to be recorded on a "**TRIP**" basis! Please be as accurate as possible. Thanks!

DATE	DEPARTED FROM	DESTINATION	Purpose	Child Name	ODOMETER START	READING END	MILES DRIVEN

Date: _____ (please print) Name: _____

Supervisor Signature _____

TOTAL MILES (All Pages)

PAGE OF

Rev 8/98 (Other travel expenses must be itemized separately)

SEND TO: Rutledge Youth Foundation, Inc.
151 N. Bruns Ln., Springfield, IL 62702

Due on the 15th of each month