



LifeSpan Family Services of PA

203 Lane Avenue

Punxsutawney, PA 15767

Phone: 814-938-4408 Fax: 1-814-690-1850

www.LifeSpanFamilyServices.com

Reimbursement Form

**This form must be turned in by the 5th of the following month for timely processing*

Family Name _____

Month/Year _____

Clothing allotments must be turned in on a separate reimbursement form

DATE	Child's Initials	LOCATIONS (TO and FROM)	PURPOSE	AUTO MILEAGE (\$0.40/mile)	OTHER EXPENSES (i.e. food, co-pays, etc.) <u>MUST BE PRE APPROVED</u>	TOTAL
9/17/14	XY	Clearfield to Punxy R/T	Dentist	47		47*.4 = \$18.80
		TOTALS				

Total Amount of Reimbursement _____

Approved by _____

Date _____