

LifeSpan Family Services of PA

203 Lane Ave 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:									
	Clot	hing al	lotments	must be	turned in	on a	separate rei	mbursement form	
Date	Child's Initials		Locations To and from	n)	Purpose	e	Auto Mileage (\$0.40/mile)	Other Expenses Must be pre- approved	Total
1/27/2020	XY	Clearfi	eld to Punxsy	y R/T	Dentist		53		53x.4=\$21.20
Total Ar	nount of	Reiml	oursement	t for thi	s page:				
Grand T	Total (if l	ast pag	ge of multi	iple pag	ges):				
Approve				Date:					

"A member of PCCYFS: Pennsylvania Council of Children, Youth & Family Services"

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