



Knucwentwecw Society

Child in care monthly mileage: _____

Foster parent's name: _____

Child/children's name(s):

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Date	Destination	Reason	Total kilometers

Total kilometers for the month _____ **less 333 km x 0.37 = \$** _____

Foster parent's signature _____

Pick – up _____

Social worker's signature _____

Mail _____