Washington State Department of Social & Health Services
CA Children's Administration

CHILDREN'S ADMINISTRATION
DIVISION OF CHILDREN AND FAMILY SERVICES

MILEAGE REIMBURSEMENT

FIELD OFFICE	
MONTH/YEAR	
PROVIDER NUMBER	

NAME OF CLAIMANT			
ADDRESS	CITY	STATE	ZIP CODE

DATE	TRIP/TIME DEPART	TRIP/TIME RETURN	FROM: (START POINT)	TO: (END POINT)	PURPOSE OF TRIP (SEE **)	# OF MILES	CHILD'S FULL NAME	SOCIAL WORKER	WORKER INITIALS

*** PURPOSE OF TRIP
1. VISITATION
2. COUNSELING
3. SCHOOL-RELATED ACTIVITY
4. COURT HEARING
5. TO/FROM PLACEMENT
6. MEDICAL APPOINTMENT
7. MISC. FEES (i.e.parking, ferry etc.)
8. OTHER (SPECIFY)

FOR OFFICE USE ONLY! DO NOT WRITE BELOW LINE

MILES	RATE	TOTAL REIMBURSEMENT	AUTHORIZATION NUMBER	DATE	INITIALS	SOCIAL WORKER APPROVAL
						SUPERVISOR APPROVAL

DSHS 07-079 (REV. 02/2007)