

Bayfield County Department of Human Services Monthly Family Support Program Reimbursement Form

Consumer Name:			
Address:			
Report Month:			
Key: Code Definitions			
A Architectural Modification	G Specialized Equipment	M Transportation	
B Child Care	H Homemaker Services	N Utility Costs	
C Counseling	I In Home Nursing	O Vehicle Modifications	
D Dental/Medical Care	J Training/Parenting Courses	P Other, as approved by the State	
E Diagnosis/Evaluation	K Recreation/Alternatives		
F Diet, Nutrition, Clothing	L Respite		
Allowable Rates:	Breakfast \$8.00	Lunch \$8.00	Dinner \$14.00
	Lodging \$62.00	Mileage (2006 Rate) \$0.445 per mile	

County Policy: When traveling, meal reimbursement can include a gratuity not to exceed 15%. Alcoholic beverages are never reimbursable. Bona fide receipts are required for all meals. Breakfast is reimbursable if you leave for travel prior to 6:00 a.m. If you leave prior to 10:30 a.m. and return after 2:30 p.m., lunch is reimbursable. Supper is reimbursable if you leave before 4:00 p.m. and return after 7:00 p.m. In county meals are only reimbursable if you are attending a meeting or training, or if they are included as an activity that has been approved in your FSP plan prior to incurring the expense.

1 Date	2 Code	3 Destination/Comment	4 Total Miles	5 Time Left	6 Time Returned	7 Amount

I certify that the above claim is true and correct and that no portion of this has previously been paid.

Parent Signature

Date

Note: You must complete columns 1, 2, 3, and 7 and attach receipts. Columns 5 and 6 must be completed if you are requesting reimbursement for meals. Column 4 must be completed if you are requesting reimbursement for transportation or mileage associated with other codes/activities.