



FOSTER PARENT TRAVEL INVOICE (RECEIVING Per Diem)

State Form 54836 (R16 / 6-23)
 Approved by State Board of Accounts, 2022
 INDIANA DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

1. All CHILDREN THAT ARE BEING CLAIMED MUST BE LISTED ON SAME INVOICE; SEPARATE INVOICE FOR EACH CHILD ARE NOT PERMITTED.
2. Record each segment of travel (Round Trip will be two lines) including starting and destination addresses.
3. Use Google Maps website to determine mileage. Must use shortest route.
4. Provide Reason Code for each segment of travel as defined below.
5. Use multiple sheets as needed.
6. Invoice must be for only one month at a time.
7. Invoice must be sent to KidTraks Invoicing at the address below.
8. CPA foster parents will not have a ST number.

Reason Codes

- 1 Travel between the foster home and school, to the extent that school transportation is not provided.
- 2 Travel to physical or behavioral health appointments.
- 3 Travel for administrative case or judicial review, team meetings, foster parent training or visitations.
- 4 Travel for Headstart, summer school, pre-school, summer camp or driver's education class.
- 5 Travel for youth fourteen (14) years and older to and from employment or searching for job.
- 6 Other: Must be authorized by Department and must have prior Local Office Director approval before the trip, please attach authorization.

**DCS KidTraks Invoicing
 Room W 364, MS 54
 402 W Washington St.
 Indianapolis, IN 46204**

Child Person ID	Days in home

Month of Travel	
Mileage Rate	\$0.00

Date	Starting Address (number and street, city, state and ZIP code)	Destination Address (number and street, city, state and ZIP code)	Reason Code	Miles Driven

Pursuant to the provision and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.	Total Miles Driven (All)	0
	Total Days Child(ren) in Home	0
	Miles Paid in Per Diem	0
	Total Reimbursable Miles	0
	Total Claimable \$	\$0.00

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual travel costs provided for the individual(s) listed on such bill. The dates, destinations, reasons and mileage for travel are true and accurate. I understand that in submitting this that I am under oath stating and affirming that this travel was provided and fully understand that this may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

Foster Family Name	Foster Family Address (number and street, city, state and ZIP code)	
Foster Family E-mail Address	Foster Family ST Number	Foster Family License Number
Foster Family Signature	Foster Family Telephone Number	Date of Signature (month, day, year)