

VENDOR #: _____

LUZERNE/WYOMING COUNTIES FOSTER GRANDPARENT PROGRAM
Transportation Reimbursement Form (Bus)

Name _____ Month _____

Address _____

Volunteer Station _____

(Signature of Foster Grandparent)

(Initials of the Supervisor)

Signature of FGP Director)

Date	Cost of Bus To Work	Cost of Bus Ride to Your Home	Total Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
		Grand Total:	

FOR FISCAL USE ONLY:

COMPUTATIONS CHECKED: _____

APPROVED FOR PAYMENT

AMOUNT PAID: \$ _____

CODE: 8515000-500-3303 _____

BY: _____

BATCH: _____ ENTRY: _____

DATE PAID: _____ CHECK: _____

DATE: _____