ESSA Transportation Mileage Reimbursement Request

Any transportation beyond the cost of the current state mileage rate must be preapproved by the ESSA Liaison in Central Office

Foster Parent Name / Person Transporting:
Invoice Date:
Address:
Phone #:

To: Attn.: Cynthia Hensley CHFS/DAFM

1332 South KY Hwy 15, Suite 1

Hazard, KY 41702

Cynthia.Hensley@ky.gov

Re: ESSA Transportation

Student Name:

School:

5	Time	T	Rate of Pay (total miles X current state mileage rate)
Dates of Service	AM/PM	Total Miles	Total

			Rate of Pay (total miles X current state mileage rate)
Dates of Service	Time	Total Miles	Total
			Grand Total
			Grana rotar

Please make checks payable to: Person Transporting: Address: