



JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC

DATE INVOICE SUBMITTED FOR:

Name of child:

Child's County of Dependency:

Name of family

Contact

Per diem rate

X

days of month child in home =

TOTAL including Mileage:

MILEAGE:

| DATE | DESTINATION | MILES | AMOUNT |
|------|-------------|-------|--------|
|------|-------------|-------|--------|

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Dates of appointments and visitation, things to discuss with coordinator.