



**COMMISSIONERS**  
Jimmy Dimora  
Timothy F. Hagan  
Peter Lawson Jones

MEMORANDUM

To: Accounting Department  
From: Contracted Placement Department  
Subject: Transportation Reimbursement  
Date:

This office has authorized approval to pay for the attached transportation reimbursement request.

Provider: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Cyclic #: \_\_\_\_\_

Date(s): \_\_\_\_\_

Amount: \_\_\_\_\_ miles x.31= \_\_\_\_\_

\_\_\_\_\_ Resource Manager

\_\_\_\_\_ Supervisor