

Fulton County Family Partnership, Inc.

717-485-0931 or 888-329-2375

www.fcpinc.net

ETAP Transportation Journal

Consumer Name: _____

Address: _____

Week: _____
(Beginning and Ending Dates)

Journals must be submitted no later than the 10th of the following month for guaranteed payment (ie Jan. trips by Feb. 10th)

FAX to :(717) 485-4505

Then mail original to Or Bring to:

Fulton County Family Partnership

22438 Great Cove Road, Suite 102

McConnellsburg, PA 17233

(Overly-Raker Building) Before 3:30 PM

******Copies of current pay stubs or other employment verification is required monthly to continue to receive mileage reimbursement.**

| Date | Passenger Name | Odometer Start | Odometer End | Total Miles |
|------|----------------|----------------|--------------|-------------|
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FOR FCPI OFFICE USE ONLY

Miles Reimbursed:

Rate: \$

Total Paid:

Check Number:

Check Date:

Approved for Processing:

Employer Name: _____

Employer Address: _____
Street Address

City, State Zip Phone Number

Employer Signature: _____

Total Miles

Consumer Signature (Driver must sign if other than consumer)

Consumer—By my signature, I certify that the travel dates, miles, & all information listed above are accurate and true. I understand that providing false information could be interpreted as fraud and could lead to prosecution.