

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: PO Box 464, McConnellsburg, PA 17233

Or Bring to: Fulton County Family Partnership Office
22438 Great Cove Road, Suite 102
(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

FOR FCPI OFFICE USE ONLY	
Miles Reimbursed:	
Rate:	\$
Total Paid:	
Check Number:	
Check Date:	
Approved for Processing:	

Total Miles

Employer Name: _____

Employer Address: _____

Street Address

City, State Zip Phone Number

Employer Signature: _____

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.