

Association/Support Group Expense Form Federation of Foster Families of Nova Scotia

Your Name: _____ Period of Expense Report: _____

Mailing Address: _____

Postal Code: _____ Phone Number: _____

E-mail Address: _____

Your Expenses: RECEIPTS ARE REQUIRED for miscellaneous costs and when meal cost (in exceptional circumstances, i.e. conference) is over the stated allowance. *Please complete Child Care portion on reverse of this form.**

Date (list each day separately)	Description (location & reason for travel)	Kms travelled	Total Travel Cost (\$0.4585 x KMs travelled)	Breakfast (\$8.00)	Lunch (\$15.00)	Dinner (\$20.00)	Child Care (complete reverse & bring total forward)	Miscellaneous (attach receipts)	Total
Totals:									

Explanation of miscellaneous items: _____

Signature: _____ Date submitted: _____

Please complete and submit expense sheet with receipts attached to:

Accounts Payable
Federation of Foster Families of Nova Scotia
99 Wyse Road, Suite 350
Dartmouth, NS B3A 4S5

Babysitting Claim

Number of Child(ren)-in-care: _____ **Ages:** _____

Number of Biological/ Adoptive Child(ren): _____ **Ages:** _____

Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours	\$10.60/hour 1 st child \$4.00/hour additional children (max of 4 children)

Your Signature: _____

- **Children up to 12 years of age: \$10.60 per hour for the first child. The rate for each additional child is \$4 per hour for up to four children per household and a max of 10 hours per day.**
- **Please note: time relating to babysitting extends from 12:00am-12:00am (i.e. midnight to midnight is one full day). If babysitting is required overnight, this is considered ‘respite’ which is a maximum of \$56.00 for a 24-hour period.**