

**Peer Support Services
Federation of Foster Families of Nova Scotia**

Date of Meeting: _____ Time: _____ Location: _____

Your Name: _____

Mailing Address: _____

Postal Code: _____ Phone Number: _____

Email Address: _____

Your Expenses: **RECEIPTS ARE REQUIRED** for miscellaneous costs

Please complete Child Care portion on reverse of this form.

Date (list each day separately)	kms travelled	Total Travel Cost (\$0.4231 x kms Travelled)	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
350 - 99 Wyse Road, Dartmouth, NS B3A 4S5

Babysitting/Child Care Receipt

Name of Babysitter: _____ Number of children: _____

Address: _____

Date(s) of Babysitting: _____

Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours	x \$4.00/hour (Max. \$40/day)

Your Signature: _____

• Please note: time relating to child care extends from 12:00am-12:00am (i.e. midnight to midnight is one full day).