

**Standard First Aid/CPR Level “C” Training**  
**Federation of Foster Families of Nova Scotia & Department of Community Services**  
**Participant Expense Sheet**

**Date(s) of Workshop:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Your name:** \_\_\_\_\_

**Your mailing address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**\*Please complete Child Care portion on reverse of this form.**

Date (List each day separately)	Kilometres Travelled	Mileage (\$0.5770/km) Multiply km x mileage rate	Lunch (\$15.00 per person)	Child Care (bring forward from back of this form) (\$10.60 per hour- max 10 hours/day, max 4 children)	Total
<b>Totals:</b>					

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and forward this form to:**  
**Training Program**  
**c/o Federation of Foster Families of Nova Scotia**  
**99 Wyse Road, Suite 350**  
**Dartmouth, NS B3A 4S5**