

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

Your Name: \_\_\_\_\_ Month of Expense Report: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Your Expenses per month: **RECEIPTS ARE REQUIRED** for miscellaneous.

\*\*\*Please complete Childcare portion on reverse of this form.

Date (list each day separately)	Description (location & reason for travel)	Kms travelled	Total Travel Cost (\$0.5838 x KMs travelled)	Childcare (complete reverse & bring total forward)	Miscellaneous (attach receipts)	Total
<b>Totals:</b>						

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: \_\_\_\_\_

Number of Biological/ Adoptive Child(ren): \_\_\_\_\_

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

Your Signature: \_\_\_\_\_

**Children, care of youth and or dependent adults who cannot be left unattended:**

- \$10.60 per hour for the first child.
- \$4 per hour for each additional child.
- There shall be a limit of 2 full days (48 hours max).