

Committee Member Expense Sheet

Federation of Foster Families of Nova Scotia

NAME OF COMMITTEE: _____

Date of Meeting: _____ Location: _____

Your name: _____

Mailing address: _____ Email: _____

Postal Code: _____ Phone Number: _____

Your Expenses per month: (Please attach receipts for miscellaneous items-if any.) *Please complete Child Care portion on reverse of this form.

Date (List each day separately)	Kilometres travelled	Total Travel Cost (\$0.5838 x kms travelled)	Breakfast (\$8.00)	Lunch (\$15.00)	Dinner (\$20.00)	Child Care (complete reverse & bring total forward)	Miscellaneous (attach receipts)	Total
Totals:								

Signature: _____ Date submitted: _____

Please complete and submit (with receipts) 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 st 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).