

**P.R.I.D.E. (Parent Resources for Information, Development & Education)**  
**Federation of Foster Families of Nova Scotia**  
**Trainer Expense Claim**

Date(s) of Workshop: \_\_\_\_\_ Module: \_\_\_\_\_

Location: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Your Expenses**

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

Date & Module (List each day separately)	Kilometres Travelled	Total Travel Cost (multiply .5838¢ x km travelled)	Breakfast \$8.00	Lunch \$15.00	Dinner \$20.00	Child Care (bring forward from back of form)	Prep Allowance (Module 3, 4, 7, 11 & 12 & AS-2 - Max \$75) (Modules 1, 2, 5, 6 & 9 & AS-1, AS-3 & AS-4 - Max \$100)	Honorarium/ Admin Meeting/ Professional Development (\$75 per 3 hr session)	Misc. (must explain below & attach receipts)	Total
<b>Totals:</b>										

\*\*\*\*Please complete one Expense Claim for each Module\*\*\*\*

Explanation of miscellaneous items: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Please submit to: **Training Department**  
**c/o 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/youth/adult

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

**Children, 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).