PRIDE Pre-Service Training Program

Federation of Foster Families of Nova Scotia Guest Speaker Expenses Sheet

Date(s) of Workshop) :	Location:					
Guest's Name:			Phone Number:				
Mailing Address:							
Postal Code:							
Name of Recruitmen	t/Pre-Assessn	nent Social Worker	(s):				
Date (List each day separately)	Kilometres Travelled	Total Travel Cost (.5838¢ x km travelled)	Honorarium (\$75)	Child Care (bring forward from back of form)	Total		
Totals:					_		
Guest's Signature:							
Signature of Trainer	:						
Date Submitted:					_		
Please complete and forward to:	give to the Re	egional Recruitmen	t Pre-Assessme	nt Social Worker w	ho will sign and		

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 st child. \$4.00/hour additional children/youth/adult					
<u>. </u>									

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).