

Professional Development Day(s)

Federation of Foster Families of Nova Scotia

Trainer Expense Claim

Date(s) of Meeting(s): _____

Location: _____

Your Name: _____

Phone Number: _____

Mailing Address: _____

Postal Code: _____

Email Address: _____

Your Expenses

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

Date (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)	Honourarium/ Admin Meeting/ Professional Development (\$75 per 3 hr session)	Misc. (must explain below & attach receipts)	Total
Totals:									

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 1st 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).**