

Regional Meeting Expense Sheet Federation of Foster Families of Nova Scotia

Date of Meeting: _____ Location: _____ Time: _____

Your Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Your Expenses per month: **RECEIPTS ARE REQUIRED** for miscellaneous costs * 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)	Child Care (complete reverse & bring total forward)	Miscellaneous (attach receipts)	Total
Totals:					

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 st 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).