

The Sensitivity Training Program for Foster Families
Federation of Foster Families of Nova Scotia
Guest Speaker/Presenter Expenses Sheet

Date(s) of Workshop: _____ **Location:** _____

Guest's Name: _____ **Phone Number:** _____

Mailing Address: _____

Postal Code: _____

Name of Trainers: _____

Your role in the Training Programs: _____

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:					

Your signature: _____

Signature of Trainer: _____

Date Submitted: _____

Please complete and submit to the Trainer who will sign and forward 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 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).