

**UNDERSTANDING TRAUMA**  
**Federation of Foster Families of Nova Scotia**  
**Participant Expense Claim**

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

Module: \_\_\_\_\_ Names of Trainers: \_\_\_\_\_

Your name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your mailing address: \_\_\_\_\_ Postal code: \_\_\_\_\_

E-mail 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)	Child Care (bring forward from back of form)	Lunch	Miscellaneous (must explain below & attach receipts)	Total
<b>Totals:</b>						

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

Signature of Participant: \_\_\_\_\_

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

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

**NOTE: Please complete and submit to the Trainer who will sign and forward this form 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).