The Sensitivity Training Program for Foster Families Federation of Foster Families of Nova Scotia Trainer Expense Claim

Dates of Work	kshop:									
Location:										
Your Name: _									-	
Phone Numbe	er:									
Mailing addre	ess:									
Postal Code:_										
Email address										
				1/				11		
Your Expense	es				≭ Ple	ase comple	te Child Car	e portion on re	verse of th	is form.
Date (List each day separately)	Kilometres Travelled	Total Travel Cost (mutiply .5838¢ km travelled)	Breakfast \$8.00	Lunch \$15.00	Dinner \$20.00	Child Care (bring forward from back of form)	Prep Allowance (Max \$75)	Honourarium/ Admin Meeting/ Professional Development (\$75 per 3 hr session)	Misc. (must explain below & attach receipts)	Total
							7			
	1									
									Þ	
Totals:										
Explanation o	f miscellane	ous items: _								
Signature of T	Trainer:									
Date submitte	ed:				-					
Please submit	c /o	aining Depa Federation Wyse Road	of Foster F	amilies	of Nova S	cotia				

Dartmouth, NS B3A 4S5

April 1st, 2024 (revised Oct. 2024)

Babysitting Claim

Number of Ch	ild(ren)-in-Care:			
Number of Bio	ological/Adoptive Child	l(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
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			7/2	
2 2 2				9
ii.				4

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).