

Association/Support Group Expense Form Federation of Foster Families of Nova Scotia

Your Name: _____

Month of Expense Report: _____

Mailing Address: _____

City: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

Your Expenses per month: **RECEIPTS ARE REQUIRED** for miscellaneous.

***Please complete Childcare portion on reverse of this form.

Date (list each day separately)	Description (location & reason for travel)	Kms travelled	Total Travel Cost (\$0.5932 x KMs travelled)	Childcare (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

Your Signature: _____

Children, care of 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).