

# Committee Member Expense Sheet

## Federation of Foster Families of Nova Scotia

NAME OF COMMITTEE: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Location: \_\_\_\_\_

Your name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Expenses per month: (Please attach receipts for miscellaneous items-if any.) \*Please complete Child Care portion on reverse of this form.

Date (List each day separately)	Kilometres travelled	Total Travel Cost (\$0.5932 x kms travelled)	Breakfast (\$8.00)	Lunch (\$15.00)	Dinner (\$20.00)	Child Care (complete reverse & bring total forward)	Miscellaneous (attach receipts)	Total
<u>Totals:</u>								

Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Please complete and submit (with receipts) 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 <sup>st</sup> 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).