

**FETAL ALCOHOL SPECTRUM DISORDER AND THE DEVELOPING BRAIN**  
**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 .5932¢ 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).