

**P.R.I.D.E. (Parent Resources for Information, Development & Education)  
Federation of Foster Families of Nova Scotia  
Participant Expense Claim**

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

Program: \_\_\_\_\_ Names of Trainer(s): \_\_\_\_\_

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

Your mailing address: \_\_\_\_\_ City: \_\_\_\_\_

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)	Breakfast	Lunch	Dinner	Miscellaneous (must explain below & attach receipts)	Total
<b>Totals:</b>								

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

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

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

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

**NOTE: Please complete *one Expense Claim for each Program* and submit to the Regional Staff 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).