

# PRIDE Pre-Service Training Program

## Federation of Foster Families of Nova Scotia

### Trainer Expense Claim

Dates of Sessions: \_\_\_\_\_

Location: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**Your Expenses**

\*Please complete Child Care portion on reverse of this form.

Date (List each day separately)	Kilometres Travelled	Total Travel Cost (multiply .5932 x km travelled)	Breakfast \$8.00	Lunch \$15.00	Dinner \$20.00	Child Care (bring forward from back of form)	Prep Allowance: Max-\$175***	Honourarium/ Admin Meeting/ Professional Development (\$75 per 3 hr session)	Misc. (must explain below & attach receipts)	Total
<b>Totals:</b>										

\*\*\* If unable to facilitate all 9 sessions or if substituting, the breakdown for the Prep Allowance is: 1 Session-\$75; 2 Sessions-\$90; 3 Sessions-\$100; 4 Sessions-\$110; 5 Sessions-\$120; 6 Sessions-\$135; 7 Sessions-\$150; 8 Sessions-\$165 & 9 Sessions-\$175.

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

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

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

Please submit 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).