

The Sensitivity Training Program for Foster Families
Federation of Foster Families of Nova Scotia
Guest Speaker/Presenter Expenses Sheet

Date(s) of Workshop: _____ Location: _____

Guest's Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ Postal Code: _____

Name of Trainers: _____

Your role in the Training Programs: _____

| Date (List each day separately) | Kilometres Travelled | Total Travel Cost (.5932¢ x km travelled) | Honorarium (\$75) | Child Care (bring forward from back of form) | Total |
|---------------------------------------|-------------------------|---|----------------------|---|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: | | | | | |

Your signature: _____

Signature of Trainer: _____

Date Submitted: _____

Please complete and submit to the Trainer who will sign and forward 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 st child. \$4.00/hour additional children/youth/adult |
|------|---------------------|-------------------|-----------------|--|
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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).