The Sensitivity Training Program for Foster Families Federation of Foster Families of Nova Scotia

Trainer Expense Claim

Dates of Work	shop:									
Location:										
Your Name: _										
Phone Number	r:									
Mailing addre	ess:									
City:										
Email address										
										
Your Expense	S				₩Ple	ase comple	ete Child Car	e portion on re	verse of th	is form.
Date (List each day separately)	Kilometres Travelled	Total Travel Cost (mutiply .5932¢ km travelled)	Breakfast \$8.00	Lunch \$15.00	Dinner \$20.00	Child Care (bring forward from back of form)	Prep Allowance (Max \$75)	Honourarium/ Admin Meeting/ Professional Development (\$75 per 3 hr session)	Misc. (must explain below & attach receipts)	Total
Totals:										
Explanation of Signature of T Date submitted Please submit	Trainer: d: to: Tr c/o 99		rtment of Foster F Suite 350	'amilies						

Babysitting Claim

	ild(ren)-in-Care:			
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

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).