## **A Tradition of Caring**

## Federation of Foster Families of Nova Scotia Guest Speaker/Presenter Expenses Sheet

Date(s) of Workshop:  Guest's name:			Location:		
			Phone Number:		
Mailing Address: Postal Code:		City:			
Name of Trainers:					
Your role in the Tr	raining Progran	18:			
Date	Kilometres	<b>Total Travel Cost</b>	Honorarium	Babysitting	Total
(List each day separately)	Travelled	(.5932¢ x km travelled)	(\$75)	(bring forward from back of form)	
Totals:					
Signature of Guest	Presenter:	,			
Signature of Traino	er:				
Date Submitted:					_
Please complete an	d give to the AT	OC Social Worker	who will sign a	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 <sup>st</sup> child. \$4.00/hour additional children/youth/adult					
Your Signature:									
Tour digitature.									

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).