



**Federation of Foster Families of Nova Scotia  
Association/Support Group Expense Claim 2025-2026**

**Your Name:** \_\_\_\_\_ **Month of Expense Report** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Your Expenses per month: RECEIPTS ARE REQUIRED FOR MISCELLANEOUS**

**\* Please complete child care portion on the reverse of this form**

Date (list each day separately)	Description	Kilometres Travelled	Total Travel Cost (multiply .5932¢ x km travelled)	Child Care (bring forward from back of form)	Miscellaneous (must explain below & attach receipts)	Total
<b>Totals:</b>						

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

**Signature:** \_\_\_\_\_

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

**Please submit to: Accounts Payable**  
c/o Federation of Foster Families of Nova Scotia  
99 Wyse Road, Suite 350  
Dartmouth, NS B3A 4S5



## Babysitting Claim

Number of biological children/adults (**needing care today**) \_\_\_\_\_

Number of children in care (**needing care today**) \_\_\_\_\_

**Children, youth or dependant 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).

	Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours (Max 48 hours)	Rate \$10.60/hour 1 <sup>st</sup> child. \$4.00/hour additional children/youth	Total (Number of hours x Rate)

**Participant signature:** \_\_\_\_\_