



Federation of Foster Families of Nova Scotia
PRIDE (Parent Resources for Information, Development & Education)
Trainer Expense Claim 2025-2026

Date of Workshop(s): _____ **Module:** _____

Location: _____

Your Name: _____

Phone Number: _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Email Address: _____

Name of Recruitment/Pre-Assessment Social Worker: _____

Your Expenses

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

Date & Module (List each day separately)	Kilometres Travelled	Total Travel Cost (multiply .5932¢ x km travelled)	Breakfast \$10.00	Lunch \$17.00	Dinner \$25.00	Child Care (bring forward from back of form)	Prep Allowance (Module 3, 4, 7, 11 & 12 & AS-2 - Max \$75) (Modules 1, 2, 5, 6 & 9 & AS-1, AS-3 & AS-4 - Max \$100)	Honorarium (\$75 per 3 hr session) Admin Meeting \$25/hr)	Misc. (must explain below & attach receipts)	Total
Totals:										

(Note: Please complete *one Expense Claim* for each completed training)

Explanation of miscellaneous items: _____

Signature of Trainer: _____

Date submitted: _____

Please submit to: Training Department
c/o Federation of Foster Families of Nova Scotia



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 st child. \$4.00/hour additional children/youth	Total (Number of hours x Rate)

Trainer Signature: _____