

Federation of Foster Families of Nova Scotia Sensitivity Training Program Guest Speaker Expense Claim

Date:			_ Type of Workshop: Sensitivity				
Location:							
Your Name:							
Phone Number:							
Mailing Address:							
City:			Postal Code:				
Email Address:							
Name of Trainer(s):							
Your expenses:			*Please co	mplete child care	portion on the revo	erse of this form.	
Date (list each day separately)	Kilometres Travelled	Total Travel Cost (multiply .5932¢ x km travelled)	Child Care (bring forward from back of form)	Honorarium (\$75)	Miscellaneous (must explain below & attach receipts)	Total	
Totals:							
Explanation of mi	scellaneous items	:					
Signature of train	er:						
Date submitted: _							
Please submit to:	Training Depa c/o Federation	rtment of Foster Families	of Nova Scotia				

99 Wyse Road, Suite 350



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)
Child 1					\$10.60	
Child 2					\$4.00	
Child 3					\$4.00	
Child 4					\$4.00	
Child 5					\$4.00	
Child 6					\$4.00	

Your Signature:	