



**Federation of Foster Families of Nova Scotia
PRIDE Pre-Service Training Program
Trainer Expense Claim**

Date(s) of Workshops: _____ **Type of Workshop:** _____

Location: _____

Your Name: _____

Phone Number: _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Email Address: _____

Your Expenses:

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

	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: Max- \$175***	Honourarium (\$75 per 3 hr session)	Misc. (explain below & attach receipts)	Total
Totals:										

*** If unable to facilitate all 9 sessions or if substituting, the breakdown for the Prep Allowance is: 1 Session-\$75; 2 Sessions-\$90; 3 Sessions-\$100; 4 Sessions-\$110; 5 Sessions-\$120; 6 Sessions-\$135; 7 Sessions-\$150; 8 Sessions-\$165 & 9 Sessions-\$175.

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

Explanation of miscellaneous items: _____

Signature of trainer: _____

Date submitted: _____



Babysitting Claim

Number of biological children/adults (needing care today) _____

Number of children-in-care (needing care today) _____

- \$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)

Your signature: _____