



**Federation of Foster Families of Nova Scotia**  
**PRIDE (Parent Resources for Information, Development & Education)**  
**Trainer Expense Claim 2026-2027**

**Date of Workshop(s):** \_\_\_\_\_ **Module:** \_\_\_\_\_

**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.**

<b>Date &amp; Module (List each day separately)</b>	<b>Kilometres Travelled</b>	<b>Total Travel Cost (multiply .5890¢ x km travelled)</b>	<b>Breakfast \$10.00</b>	<b>Lunch \$17.00</b>	<b>Dinner \$25.00</b>	<b>Child Care (bring forward from back of form)</b>	<b>Prep Allowance (Module 3, 4, 7, 11 &amp; 12 &amp; AS-2 - Max \$75) (Modules 1, 2, 5, 6 &amp; 9 &amp; AS-1, AS-3 &amp; AS-4 - Max \$100)</b>	<b>Honorarium (\$75 per 3 hr session) Admin Meeting \$25/hr)</b>	<b>Misc. (must explain below &amp; attach receipts)</b>	<b>Total</b>
<b>Totals:</b>										

**(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**  
**99 Wyse Road, Suite 350, Dartmouth, NS**  
**B3A 4S5**



## Babysitting Claim

Number of biological/adoptive 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)

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