



**Federation of Foster Families of Nova Scotia
Fetal Alcohol Spectrum Disorder and The Developing Brain
Participant Expense Claim Form 2026-2027**

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

Workshop: _____

Names of Trainers: _____

Your Name: _____ **Phone Number:** _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Email Address: _____

Your Expenses:

***Please complete child care portion on the reverse 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)	Lunch (\$17.00)	Miscellaneous (must explain below & attach receipts)	Total
Totals:						

Explanation of miscellaneous items: _____

Signature of Participant: _____

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

Participant signature: _____