

External Training Program

Federation of Foster Families of Nova Scotia

Trainer Expense Claim

Program Title: _____

Location: _____

Dates of Sessions: _____

Your name: _____

Phone Number: _____

Mailing address: _____

Postal Code: _____

Your Expenses

***Please complete Child Care portion on reverse of this form.**

Date (List each day separately)	Kilometres Travelled	Total Travel Cost (40.51¢ x km travelled)	Breakfast (Max \$6.00)	Lunch (Max \$12.00)	Dinner (Max \$20.00)	Child Care (bring forward from back of form)	Prep Allowance:	Prep time: (From – To)	Honourarium/ Admin Meeting/ Professional Development (\$50 per 3 hr session)	Miscellaneous (must explain below & attach receipts)	Total
Totals:											

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