

External Training Program

Federation of Foster Families of Nova Scotia

Participant Expense Claim

Program Title: _____

Location: _____

Dates of Sessions: _____

Your name: _____

Phone Number: _____

Your mailing address: _____

Postal code: _____

Email: _____

Your Expenses:

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

Date (list each day separately)	Kilometres Travelled	Total Travel Cost (multiply 40.51¢ x km travelled)	Child Care (bring forward from back of form)	Miscellaneous (must explain below & attach receipts)	Total
Totals:					

Explanation of miscellaneous items: _____

Signature of Participant: _____ **Signature of Trainer:** _____ **Date:** _____

Please complete and submit to the Trainer who will sign and forward this form to:

Training Department
 c/o Federation of Foster Families of Nova Scotia
 99 Wyse Road, Suite 350
 Dartmouth, NS B3A 4S5