

**PRIDE Pre-Service Training Program
Federation of Foster Families of Nova Scotia
Guest Speaker/Presenter Expenses Sheet**

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

Guest's name: _____ **Phone Number:** _____

Mailing Address: _____

Postal Code: _____

Name of Trainers: _____

Your role in the Training Programs: _____

Date (List each day separately)	Kilometres Travelled	Total Travel Cost (40.15¢ x km travelled)	Honorarium (\$50)	Child Care (bring forward from back of form)	Total
Totals:					

Your signature: _____

Signature of Trainer: _____

Date Submitted: _____

Please complete and give to the Regional Recruitment Pre-Assessment Social Worker who will sign and forward to:

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