

P.R.I.D.E. (Parent Resources for Information, Development & Education)
Federation of Foster Families of Nova Scotia
Trainer Expense Claim

Date(s) of Workshop: _____

Location: _____

Your Name: _____

Phone Number: _____

Mailing address: _____

Postal Code: _____

Email address: _____

Your Expenses

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

Date (List each day separately)	Kilometres Travelled	Total Travel Cost (multiply 40.15¢ x km travelled)	Breakfast \$6.00	Lunch \$12.00	Dinner \$20.00	Child Care (bring forward from back of form)	Prep Allowance (Module 3, 4, 7, 11 & 12 & Ad-TA - Max \$50) (Modules 1, 2, 5, 6 & 9 & Ad-DV - Max \$75)	Honourarium/ Admin Meeting/ Professional Development (\$50 per 3 hr session)	Misc. (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