

**The Sensitivity Training Program for Foster Families**  
**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
<b>Totals:</b>					

**Your signature:** \_\_\_\_\_

**Signature of Trainer:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Please complete and submit to the Trainer 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**