

**The Sensitivity Training Program for Foster Families
Federation of Foster Families of Nova Scotia
Participant Expense Claim**

Dates of Workshop: _____ **Location:** _____

Names of Trainers: _____

Your name: _____ **Phone Number:** _____

Your mailing address: _____ **Postal code:** _____

E-mail 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)	Child Care (bring forward from back of form)	Lunch (\$12.00)	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**