

FETAL ALCOHOL SPECTRUM DISORDER AND THE DEVELOPING BRAIN
Federation of Foster Families of Nova Scotia
Participant Expense Claim

Date(s) of Workshop: _____ Location: _____

Module: _____ 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 & Module (list each day separately)	Kilometres Travelled	Total Travel Cost (multiply 44.15¢ x km travelled)	Child Care (bring forward from back of form)	Lunch	Miscellaneous (must explain below & attach receipts)	Total
Totals:						

Explanation of miscellaneous items: _____

Signature of Participant: _____

Signature of Trainer: _____

Date: _____

NOTE: 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**

Babysitting Claim

Number of Child(ren)-in-Care: _____ **Ages:** _____

Number of Biological/Adoptive Child(ren): _____ **Ages:** _____

Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours	\$10.60/hour 1 st child. \$4.00/hour additional children (max of 4 children)

Your Signature: _____

- Children up to 12 years of age: \$10.60 per hour for the first child. The rate for each additional child is \$4 per hour for up to four children per household and a max of 10 hours per day.
- Please note: time relating to babysitting extends from 12:00am-12:00am (i.e. midnight to midnight is one full day). If babysitting is required overnight, this is considered 'respite' which is a maximum of \$56.00 for a 24-hour period.