

Association/Support Group Expense Form Federation of Foster Families of Nova Scotia

Your Name: _____ Period of Expense Report: _____

Mailing Address: _____

Postal Code: _____ Phone Number: _____

E-mail Address: _____

Your Expenses: **RECEIPTS ARE REQUIRED** for miscellaneous costs and when meal cost (in exceptional circumstances, i.e. conference) is over the stated allowance. ***Please complete Child Care portion on reverse of this form.

| Date (list each day separately) | Description (location & reason for travel) | Kms travelled | Total Travel Cost (@ \$0.4415 per KM) | Breakfast (\$8.00) | Lunch (\$15.00) | Dinner (\$20.00) | Child Care (complete reverse & bring total forward) | Miscellaneous (attach receipts) | Total |
|---------------------------------------|--|------------------|---|-----------------------|--------------------|---------------------|---|------------------------------------|-------|
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| Totals: | | | | | | | | | |

Explanation of miscellaneous items: _____

Signature: _____ Date submitted: _____

Please complete and submit expense sheet with receipts attached to:

Accounts Payable
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)-in-care: _____ **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) |
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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.**