## **A Tradition of Caring**

## 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 Tr	aining Progran	ns:			
Date (List each day separately)	Kilometres Travelled	Total Travel Cost (44.15¢ x km travelled)	Honorarium (\$50)	Babysitting (bring forward from back of form)	Total
Totals:					
Signature of Guest	Presenter:				
Signature of Train	er:				
Date Submitted:					_
Please complete an	d give to the A	TOC Social Worker	r 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

## **Babysitting Claim**

Number of C	hild(ren)-in-Care:	Ages:		
Number of Bi	iological/Adoptive Chil	Ages:		
Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours	\$10.60/hour 1 <sup>st</sup> child. \$4.00/hour additional children (max of 4 children)
Vour Signatu	ro.		1	

- 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.