TRAINING EXPENSE CLAIM FORM

 Agency Foster Parents

This form is to be used to claim for reimbursement when an Agency Foster Parent incurs expenses as a result

of taking required training.

**NOTE**: *All claims are subject to approval by your Foster Care Support Worker.*

***PLEASE BE ADVISED THAT YOU ARE EXPECTED TO SUBMIT EXPENSE CLAIM FORMS WITHIN 30 DAYS OF ATTENDING TRAINING!***

|  |  |
| --- | --- |
| Participant 1: | Agency Name:Pathways Family Services |
| Address: |
| City, Province and Postal Code: |
| Phone: |
| Participant 2: |

|  |  |
| --- | --- |
| Course Name and Level: 🞏 Core 🞏 Supplemental | Date: |
| Location:  | Time leaving home: | Time arriving home: |
| **CHILDCARE** (**Attach receipt** showing start and end time) |  | *Office Use Only* |
| Number of Children | Multiplied By Number of Hrs | Total | Total Multiplied by$6.50 /hr. | **Childcare****Total**Max= 65.00 per child per day up to 195.00 per home |  |
|  |  |  | X $6.50/hr | **$** |  |
| **MILEAGE** (Core training only) | Mileage |   |
| Mileage (round trip) \_\_\_\_\_\_\_ km x .55 x \_\_\_\_ day(s) | **$** |  |
| **LUNCHES** (Full Day Training only –17.00 per person per day – **attach receipt**) | Lunch |  |
| Total Lunch | **$** |  |
| **TOTAL CLAIM** | **$** |  |

|  |  |
| --- | --- |
| I declare that all expenditures listed on this claim were incurred for the purpose stated.Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Foster Parent Signature  | Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foster Care Support Worker |

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