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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