

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: <input type="checkbox"/> Core <input type="checkbox"/> Supplemental				Date:	
Location:			Time leaving home:		Time arriving home:
CHILDCARE (Attach receipt showing start and end time)				<i>Office Use Only</i>	
Number of Children	Multiplied By Number of Hrs	Total	Total Multiplied by \$6.50 /hr.	Childcare Total	
			X \$6.50/hr	\$	
MILEAGE (Core training only)				Mileage	
Mileage (round trip) _____ km x .50.5 x ____ day(s)				\$	
LUNCHES (Full Day Training only –11.60 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: _____ <div style="text-align: center; font-size: small;">Foster Parent Signature</div>	Approved by: _____ <div style="text-align: center; font-size: small;">Foster Care Support Worker</div>