

CROSSROADS FAMILY SERVICES



Crossroads

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FOSTER PARENT EXPENSE CLAIM SUMMARY – All Regions

FOSTER FAMILY:	MONTH / YEAR:

ACCTG USE

DATE	Details	Name of person expense applies to	AMOUNTS	payment
Mileage			\$ -	
Parking for Training			\$ -	
Childcare			\$ -	
Lunch Meals - Can only claim for in person training			\$ -	
Training Fees			\$ -	
TOTAL			\$ -	

REMINDER: “No payment will be issued without receipts”. Please attach.

Disclaimer: By submitting this expense claim, I declare that all expenditures listed on this claim were incurred for the purpose stated.

TRAINING EXPENSE CLAIM FORM CENTRAL

For Mileage, Childcare, Meals & Fees

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 Name:	Participant 2 Name:	Month/ Year:

MILEAGE: List courses attended & location			
Date	Location	Course [e.g. Core A 2]	Round Trip Kilometers
Total Mileage Claim (\$0.55/km rate)			\$ -
Parking			

CHILDCARE (Attach receipt showing children's names, start and end time)			
Number of Children in Childcare	Course Name	Number of hours	Childcare Total (MAX AMT = \$6.50/child per hour, \$65.00/child per day, and \$195.00 per home)
TOTAL CHILDCARE CLAIM			\$ -

LUNCHES **In person training only** Max. \$17.00 per person per day - attach receipts				
Date	Course Name	Location	Participant(s) #	Amount
Total Meal Costs				\$ -

TRAINING: Fees paid by Foster Parent - attach receipts				
Date	Type of Training	Location	Participant(s) #	Amount
Total Training Costs				\$ -

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