

This form is to be used to claim for reimbursement when a Ministry Caregiver incurs expenses as a result of taking required training.

Only one training course per claim form.

I am a KINSHIP Caregiver FOSTER Caregiver

Invoice Date	Vendor Number	Invoice Date completed by worksite
Caregiver 1		Provider ID
Caregiver 2		
Address:		
Phone:	Email:	
Kinship or Foster Caseworker		

Course Name:		Type:	
Date:	Location:	Time leaving home:	Time arriving home:
CHILDCARE (receipts are required)	Maximum Rule: \$6.50 per hour, per child with a maximum of \$65 per child, per day. With a maximum of \$195 per home, per day.		
	If childcare was under 10 hrs, calculate hourly rate/child, noting the maximum.	# of children X	# of hours X \$6.50/hr
MILEAGE (round trip) _____ km x .550 x _____ day(s)			\$
Meals	Reimbursed when more than 6 hours of training/travel occurs in same day and meals are not provided with training.		
Breakfast	Eligible if you leave home prior to 7:30am.	\$13.00	x _____ (# of people + # of days)
Lunch	Eligible if training doesn't include lunch.	\$17.00	x _____ (# of people + # of days)
Dinner	Eligible if you return home later than 6:30pm.	\$27.00	x _____ (# of people + # of days)
ACCOMMODATIONS	Rate \$ _____ / night	x _____ # of nights	\$
REGISTRATION			\$
TOTAL CLAIM			\$

The above is a true account of the amount owed to me for reimburse expenses.
 By clicking here, I _____ provide my consent to authorize my request for reimbursement of funds owed to me.

Caregiver Signature	Date	BU	Dept ID
Expenditure Officer Signature	Date	Program	Account
		00043	544040

SUBMIT WITH RECEIPTS AND A COPY OF YOUR TRAINING CERTIFICATE/PROOF OF COMPLETION WITHIN 30 DAYS OF ATTENDING TRAINING.

Submit completed form and receipts to CS.CentralCaregiverTraining@gov.ab.ca

Checklist of items to include when submitting this form:

- Complete and sign this form
- Copies of child care receipts
- Copies of training certificates
- Copy of registration receipts (First Aid)