

NYS CHILD PASSENGER SAFETY PROGRAM

CPS EVENT SUMMARY

Complete On-line and Print to Sign

EVENT TYPE SELECTION: Please select the CPS Event for which you are seeking reimbursement.

☐ Technician Certification Course ☐ Renewal Testing ☐ CEU Update Training ☐ Car Seat Check Event

TODAY'S DATE: _____ SAFE KIDS COURSE ID: _____ # OF STUDENTS: _____

NAME: _____ EMAIL ADDRESS: _____

PHONE NUMBER: _____

EVENT DATE/S & TIMES: _____ EVENT LOCATION: _____

CPS EVENT REIMBURSEMENT SUMMARY: Please check all boxes that apply and enter total amount.

INSTRUCTOR NAME	LEAD	FULL TIME	PART TIME	HOURS	MILEAGE TOLLS	HOTEL	OTHER	TOTAL AMOUNT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATERER INFORMATION:

CATERER NAME: _____ EMAIL ADDRESS: _____

CATERER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

CATERER REIMBURSEMENT AMOUNT: \$ _____

EVENT CATERING:

DAY 1-	DAY 2-	DAY 3-	DAY 4-
DATE: _____	DATE: _____	DATE: _____	DATE: _____
# OF PEOPLE: _____	# OF PEOPLE: _____	# OF PEOPLE: _____	# OF PEOPLE: _____
AMOUNT PAID: \$ _____	AMOUNT PAID: \$ _____	AMOUNT PAID: \$ _____	AMOUNT PAID: \$ _____

PLEASE REMEMBER TO BE REIMBURSED: the following items (listed below) must be emailed to Cashmere0606@gmail.com and only one hard copy of all these items must be mailed to:

ITEMS TO INCLUDE

- This Summary Form
- All the individual Instructor Reimbursement Forms with documentation
- Itemized receipts from the caterer for each day
- Sign in sheet for each day
- Final Safe Kids Roster

NYSATSB Grant Administrator
949 Pearse Road
Niskayuna, NY 12309

To expedite the reimbursement process please remember:

- All receipts must include the payee name, address and phone number
- All forms must be dated
- Receipts on small pieces of paper should be photocopied on to an 8.5 x 11 sheet of paper
- All expenditures for the course MUST be submitted at the same time

 Lead Instructor or Course Administrator Signature

 Date