

# NYS CHILD PASSENGER SAFETY PROGRAM

## INSTRUCTOR REIMBURSEMENT FORM

### Complete and Print to Sign

**EVENT TYPE SELECTION:** Please select the CPS Event you would like to be reimbursed for.

<input type="checkbox"/> CPS Technician Certification Course	<input type="checkbox"/> CPS Renewal Testing	<input type="checkbox"/> CPS CEU Update Training
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TODAY'S DATE:	SAFE KIDS COURSE ID:	# OF STUDENTS:
INSTRUCTOR NAME:	EMAIL ADDRESS:	
INSTRUCTOR ADDRESS:	PHONE #:	
STATE:	ZIP CODE:	EVENT LOCATION:
		EVENT DATE(S):
		EVENT TIMES:

**REIMBURSEMENT BREAKDOWN:**

Please fill in the requested amount for each item that applies. If seeking compensation, please attach completed W-9. Submit only one W-9 per grant year.

ITEM REQUESTED	AMOUNT REQUESTED
Teaching Compensation** (Use Table Below)	
Mileage Reimbursement*** (Use Table Below)	
Rental Car (Cannot Request Mileage)	
Hotel (Pre-Approval Required More Than 50 Miles One Way)	
Meals	
Tolls	
Other	
<b>REIMBURSEMENT TOTAL</b>	

**\*\*TEACHING**

**COMPENSATION:**

Please select one. All part time instructors need to include teaching dates, total number of hours and total amount.

AMOUNT REQUESTED		
<input type="checkbox"/> Lead Instructor  <div style="text-align: center;">\$1,500</div>	<input type="checkbox"/> Full Time Instructor  <div style="text-align: center;">\$1,000</div>	<input type="checkbox"/> Part Time Instructor  <div style="display: flex; justify-content: space-between;"> <div>Dates:</div> <div>Times:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Dates:</div> <div>Times:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Dates:</div> <div>Times:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Dates:</div> <div>Times:</div> </div> <div style="text-align: right; margin-top: 10px;"> Total # of Hours      x      = </div>

Date	From (Street, City)	To (Street, City)	Total Miles Traveled Per Day
Mileage documentation: MapQuest or Google map with locations and directions, do not include the printed map.			Round Trip?      YES      NO
			Total Miles
			X State Mileage Rate
			Mileage Reimbursement TOTAL

I certify that the above information is true and I **am not** receiving any other monetary reimbursement from any other source to participate and instruct in this CPS Event.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify the above named instructor's information is correct and I confirmed that he/she did instruct at the Event and did expend the above mentioned expenses as a result of participating and instructing in the CPS Event.

\_\_\_\_\_  
Lead Instructor or Course Administrator Signature

\_\_\_\_\_  
Date