

**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