

**NYS CHILD PASSENGER SAFETY PROGRAM
INSTRUCTOR REIMBURSEMENT FORM
Complete On-line and Print to Sign**

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

CPS Technician Certification Course CPS Renewal Testing CPS CEU Update Training

TODAY'S DATE: _____ SAFE KIDS COURSE ID: _____ # OF STUDENTS: _____
 NAME: _____ EMAIL ADDRESS: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE NUMBER: _____
 EVENT DATE/S AND TIMES: _____ EVENT LOCATION: _____

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. Blank W-9 can be completed and printed at:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

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)	\$
Dinners/Breakfasts	\$
Tolls	\$
Other	\$
REIMBURSEMENT TOTAL	\$

****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 \$1,500	<input type="checkbox"/> Full Time Instructor \$1,000	<input type="checkbox"/> Part Time Instructor Dates: _____ Total # of Hours x \$25 =\$

*****MILEAGE REIMBURSEMENT:** Instructors may request reimbursement for travel from your home or normal work location. If you are staying overnight, you may not request mileage from your hotel to the CSP Event location.

Date	From	To	Total Miles Traveled Per Day	
Mileage documentation: MapQuest or Google map with locations and directions, do not include the printed map.			Total Miles	
			X State Mileage Rate	0.54
			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