



Expense Approval for Technician Training Class

Governor's Traffic Safety Committee Funded Grants

Fill in this form electronically, print and sign once your class has been approved by the Governor's Traffic Safety Committee's Child Passenger Safety Coordinator and the Child Passenger Safety Advisory Board Representative for your Region.

Today's Date _____ Safe Kids Course ID _____ # of Students _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Course Dates and Times _____

| Instructor Name and Instructor ID | Requesting Compensation | Lead | Full-time | Part-time (# of hours) |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Caterer _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____ Email _____

- Reminders:**
 Food cost may not be more than \$14 per student per day.
 For classes with 10-14 students: one lead instructor plus two instructors
 For classes with 15-19 students: one lead instructor plus 3 instructors
 For classes with 20-24 students: one lead instructor plus 4 instructors

Submit a copy of the course roster with this form to:
 the State CPS Coordinator Mary Montimurro Mary.Montimurro@dmv.ny.gov
 Submit at least two weeks prior to the class.

Questions related to travel reimbursement, such as mileage and lodging, may be directed to:
 Jean Triest at jmtriest@hotmail.com

If there are changes once your course expenses have been approved, you must receive prior approval to be eligible for reimbursement.

 Lead Instructor or Course Administrator Signature Date