**INVOICE**

Date: \_\_\_\_\_\_\_\_\_ Invoice #: \_\_\_\_\_\_\_

Due upon receipt

**FROM:** (contractor information)

**Name:**

**Address:**

**City, ST Zip**

**BILL TO:** (grantee information)

**Name:**

**Address:**

**City, ST Zip**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty** | **Description** | **Rate** | **Amount** |
|  | **As CPST Instructor/Technician Proxy – provide seat sign-offs**  Provide nationally certified car seat technicians the opportunity to acquire required seat sign-offs for the bi-annual national recertification process. Instructor/Tech Proxy provides oversight and observes car seat technician as they assist family with car seat inspection; listens to education provided to caregiver; observes knowledge of technician; evaluates interaction between technician and caregiver; provides online approval for recertification process if technician is successful; and provides feedback and discusses other resources for obtaining sign-offs if technician fails.  \_\_\_-hour event, (city), (date of event)  # of technicians \_\_\_\_\_ # of sign-offs completed \_\_\_\_\_\_ |  | $ |
|  |  | **TOTAL** | **$** |