**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 Lead Instructor – provide Safe Travel for All Children class**Meet all instructor and course requirements as set forth by the Automotive Safety Program.The training, which lasts 2 days, combines classroom lectures and discussions with hands-on exercises. During the training, participants will be introduced to medical conditions that can impact restraint selection and have the opportunity to investigate and install specialized restraint systems. The training concludes with a proficiency exam that evaluates the student's ability to assess appropriate restraints and to demonstrate proper use and installation.\_\_\_-day course, (city), (dates of course) |  | $ |
|  |  | **TOTAL** |  **$** |