

Invoice Number: _____ (optional)

Common Sense Parenting Program Voucher

CPS 4-Hour Class **\$337** _____

Class 3 Or More Participants **\$946** _____

Class for 1 or 2 Participants **\$189/person** _____

Event Amounts (Circle Which Below): **\$150/event** _____

Child Abuse Prevention **Cultural Awareness** **Fatherhood**

	Parent/ Caregiver Intials	Before Survey Completed (Y/N)	Date Class Started	Date Class Completed	End Survey Completed (Y/N)	Non- Completion Survey Sent (Y/N)	Non- Completion Survey Received (Y/N)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Number of Books: _____ **\$10.65/book** Book Total: _____

Data Entry If Completed (\$20/class) : _____

Date Submitted: _____

County of Class: _____

City of Class: _____

Virtual Y/N: _____

Instructor: _____

Agency Name: _____

Other invoiced claim, explain below (ex: book order paid in full, instructor recertification):

Amount of Other: _____

Updated 6/18/24

Total Invoice Amount: _____