

Invoice Number: \_\_\_\_\_ (optional)

**Common Sense Parenting Program Voucher**

**CPS 4-Hour Class** **\$337** \_\_\_\_\_  
**Class 3 Or More Participants** **\$1,100** \_\_\_\_\_  
**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/ Ended	End Survey Completed (Y/N)	Non- Completion Survey Sent (Y/N)
1						
2						
3						
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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 7/09/2025

**Total Invoice Amount:**