

SARATOGA COUNTY PUBLIC HEALTH SERVICES PAUL E. LENT PUBLIC SAFETY FACILITY 6012 County Farm Road, Ballston Spa, NY 12020-2251

Telephone: (518) 584-7460 Fax: (518) 583-1202

www.saratogacountyny.gov/departments/publichealth/

PARENT TRANSPORT FORM

DATE:		
CHILD'S DATE OF BIRTH:		
CHILD'S NAME:		
ADDRESS:		
TOWN/CITY:ST	ATE:ZIP:	
HOME PHONE:WO	RK PHONE:	
CHILD'S PRESCHOOL FACILITY:		
++*+*+*+*+*+*+*+*+*+*+*+	-*+*+*+*+*+*+*+*+*+*+	*+*+*+
Dear Parent:		
We must have the following information a child. Vouchers must be submitted mont submitted beyond 3 months from the day	hly-the county will not reimburse fo	
STARTING DATE:EN	NDING DATE:	_
MILEAGE ONE-WAY:TIM	ES PER WEEK:	_
PARENT 1 NAME (PLEASE PRINT):		_
PARENT 1 SIGNATURE (IN FULL):		_
PARENT 1 SOCIAL SECURITY NUMBER:_		_
PARENT 2 NAME (PLEASE PRINT):		
PARENT 2 SIGNATURE (IN FULL):		
PARENT 2 SOCIAL SECURITY NUMBER:_		
GUARDIAN'S NAME:		
GUARDIAN'S SIGNATURE (IN FULL):		
GUARDIAN'S SOCIAL SECURITY NUMBE	R:	
Please mail completed form to:	Saratoga County Public Health	

c/o CPSE Program 6012 County Farm Road Ballston Spa, NY 12020

CPSE PARENT TRANSPORTATION - VOUCHER INSTRUCTIONS

ALL billing must be completed on a SARATOGA COUNTY VOUCHER and <u>submitted on a monthly basis</u> to the Saratoga County Public Health by the 10th of the month after services are rendered.

At the top Left:

- **Vendor Number:** You will be assigned a vendor number once you send in your first month's voucher.
- Claimant's Name and Address: The parent or guardian who rendered the services and who will be receiving the check. Make sure the address is accurate and complete.

At the top Right:

• Fund Appropriation Number: For CPSE Parent Transportation the appropriation number is <u>A-40-407-8350</u>.

Mid-Section – Child's Information: THIS SECTION MUST BE COMPLETED!

- Child's Name: Child's official name (no nicknames)
- Child's Date of Birth (DOB): Month Day Year
- Dates of service: Enter the Month and Year of service. Then list the days transported
 - o Example: March 2010 then list the days of service: 1, 3, 5, 8, 9, 10, 14, 15, 16
- Total miles per day: Enter the total miles for round trip
 - ➤ EXAMPLE: If you transport your child to school (12 miles = 24 miles round trip to school and back to your residence), then you pick your child up from school (12 miles = 24 miles round trip to school and back home), your total mileage per day would be 48. (24 + 24 = 48)
 - ➤ However, if you only transport your child to school, or just pick them up from school, and one way is 12 miles, your total mileage per day would be 24. (12 + 12 = 24).
 - Total miles per day (48) x number of days transported (9) x \$.25 = Total \$108.00 (based on the above example of 9 days and 48 miles per day)
 - > Then, carry this total over to the **Amount** column and to the **Claimant's Certification area** at the bottom.

<u>Claimant's Certification Section</u>: THIS PORTION MUST BE COMPLETED BEFORE PAYMENT WILL BE RENDERED. THE SIGNATURE MUST BE AN ORIGINAL.

*** All vouchers are verified against the school attendance records of your child.

*** Please mail original voucher to: Saratoga County Public Health

6012 County Farm Road Ballston Spa, NY 12020

If you have any questions, or need further clarification, please contact our office at (518) 884-4180.

COUNTY OF SARATOGA 6012 COUNTY FARM ROAD

Date

Authorized County Official

6012 COUNTY FARM ROAD	Do Not Write Above This Line			
BALLSTON SPA, NY 12020	Date Voucher	Received		
CPSE Program – () Department: Saratoga County Public Health Services	FUND – APPROPRIATION NUM A-40-407-8350	BER A	ER AMOUNT	
Vendor No. Claimant's				
Name And Address		OTAL		
	INVOICE NO.	Batch N	0.	
Child's Name:	DOB:	Unit Price	<u>Amount</u>	
Month and Year:				
		-		
List each day you transported your child:		-		
Total miles per day (round trip each time): Total miles per day (x) number				
		Total		
CLAIMA	ANT'S CERTIFICATION			
correct, that the items, services and disbursements charge been paid or satisfied, that taxes, from which the municip				
Date (Sp.	Signature ace Below for Municipal Use)		Title	
DEPARTMENT APPROVAL		AL FOR PAYME	ENT	
The above services or materials were rendered or furnished the municipality on the dates stated and the charges are corr	**	e.		

Voucher Number:__