



# CPSE PARENT TRANSPORTATION - VOUCHER INSTRUCTIONS

ALL billing must be completed on a SARATOGA COUNTY VOUCHER and submitted on a monthly basis to the Saratoga County Public Health by the 10<sup>th</sup> 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 A-40-407-8350.

## 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
  - 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.

**Claimant's Certification Section: 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.**

