Senior Center:

Address:

Email:

Phone #:

Senior Center Trainer (s) Participated in the Title III-B Programs Peer Trainer Classes:

|  |  |  |
| --- | --- | --- |
| Name of Trainer | Training Date(s) | Location of Training Classes |
|  |  |  |
|  |  |  |

Please enclose receipts for reimbursement of up to $600.00 per year per trainee for the above training session.

Name of Trainer(s):

Request Travel Reimbursement Total: $\_ \_ \_\_\_\_

Bingocize Series classes/sessions (10 weeks, twice per week)

1st Sessions Dates # of Participants 2nd Sessions Dates # of Participants

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Class 1 |  |  |  | Class 1 |  |  |
| Class 2 |  |  |  | Class 2 |  |  |
| Class 3 |  |  |  | Class 3 |  |  |
| Class 4 |  |  |  | Class 4 |  |  |
| Class 5 |  |  |  | Class 5 |  |  |
| Class 6 |  |  |  | Class 6 |  |  |
| Class 7 |  |  |  | Class 7 |  |  |
| Class 8 |  |  |  | Class 8 |  |  |
| Class 9 |  |  |  | Class 9 |  |  |
| Class 10 |  |  |  | Class 10 |  |  |

Name of Trainer(s):

Bingocize Classes Stipend Total: $\_ \_\_\_\_\_\_\_\_\_\_

**TOTAL AMOUNT TO BE PAID**: $\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All invoices must be submitted for reimbursement within 15 days after the completion of the BingoCize classes/sessions. Classes/sessions carried over from one fiscal year to another fiscal year will be reimbursed on a prorated basis.

\*\*Final FFY 2022 invoice, for services ending by 9/30/2022, must be submitted no later than 10/15/2022.

Senior Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

CLS Program Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

CLS Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: