

FY2026 Child Passenger Safety Technician Instructor Stipend Request Form Guide

- 1)** You must be a supplier in BUY IU/Jaggaer Network to receive payment from IU. Additionally, instructors are **REQUIRED** to enroll in ACH deposit for payments. To view how to add or update direct deposit information please read <https://purchase.sitehost.iu.edu/buying/doc/Managing-Direct-Deposit.pdf>.

Please direct questions to the Automotive Safety Program via email at autosfty@iu.edu or phone 317-274-2977.

- 2)** You must be a **FY26 Automotive Safety Program Partner Instructor** to be eligible for an Instructor Stipend. If you have not yet received the Partner Instructor agreement, contact the Automotive Safety Program Child Passenger Safety Training Program Manager via email at autosfty@iu.edu or phone 317-274-2977.

- 3)** Fill out the **FY2026 Child Passenger Safety Technician Instructor Stipend Request Form at this link:** https://iu.co1.qualtrics.com/jfe/form/SV_3wU39imGouXCLFs or scan this QR code:



Section One – Instructor and Course Details

- **Page One** of the Stipend Request Form. Complete all the fields. Be sure to add the Course ID number. If your stipend request is submitted before the course is posted, write TBD and follow up

with contact the Automotive Safety Program Child Passenger Safety Training Program Manager.

- If you have not read and signed **the FY26 Automotive Safety Program Child Passenger Safety Partner Instructor Agreement**, your stipend request will **not** be approved.

CPS Certification Course ID# (Put School Bus for Bus trainings)

202600000000

Please complete the following information

Legal Name (First, Middle Initial, Last)

Address

City

State

Postal code

County

Email Address

Phone Number

Number of current Instructor teaching hours:

20

CPS Instructor Certification Number

797795

Have you read and signed the FY26 Automotive Safety Program Child Passenger Safety Partner Instructor Agreement.

Yes

No

- **Page Two**

Indicate if you are Lead, Assistant or an IC or CA receiving an ASP stipend.

- **Page Three**

Assistant Instructors only: indicate if it is a 3-day course, 4-day course, or Renewal.

- **Page Four**

Assistant Instructors only: Indicate number of days you are teaching and just the dates you are teaching. The Stipend Request Form will automatically calculate your payment based on 3- or 4-day course, and number of days you are teaching. Use this total for the Payee Certification Form.

How many days are you teaching during the three (3) day course?

All three (3) days (\$1,120 payment)

Two (2) days (\$746.66 payment)

One (1) day (\$373.33 payment)

Please enter the exact dates you will be teaching the National Child Passenger Certification Training Course.

Date

01/28/2026

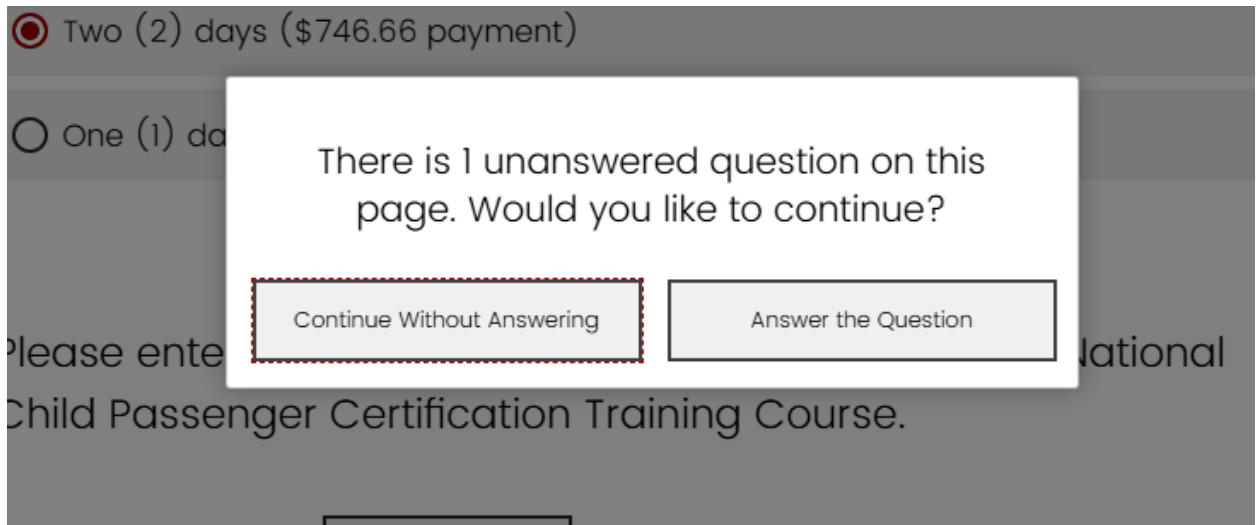
Date

01/29/2026

Date

Date

- If you are not teaching four days and there are any blank dates, as shown above, the Stipend Form will ask you to continue will indicate there are questions unanswered questions. Select **Continue Without Answering** to advance the stipend request.



Section Two – Instructor Supporting Documentation

IU Purchasing updated the Payee Certification Form this year. The Instructor Stipend request will link you to the current approved version which must be completed and attached to the Instructor Stipend Request. Remember to sign and date your Payee Certification form.

ASP cannot process instructor stipend payments without a completed and signed Payee Certification Form.



Honoraria/Guest Speakers Payee Certification

Payment Details

Date(s) of Service. If services will be provided on more than one day, list all dates of service.

01/28/2026, 01/29/2026

Description of service(s) to be provided by payee

Assistant Instructor for Two Days at NHTA child passenger Safety Certification Course.

Payment amount (US Dollars)

\$746.66

Payee Details

Payee First Name

Craig

Payee Last Name

Robinson

Payee Phone Number

317-274-2977

Payee Email Address

autosfty@iu.edu

Payee Address Line 1

1002 Wishard Blvd

Payee Address Line 2

PC 001

Payee Address Line 3

Indianapolis, IN 46202

By signing this form, I, Craig Robinson, attest and/or agree to the following:

- I am not a current Indiana University employee and have not received payroll payment from Indiana University in the past 365 days.
- Payment will be issued to me using payment and tax information in my Jaggaer/BUY.IU supplier profile and cannot be processed until supplier registration is complete. I will complete the supplier registration process. If I have an existing supplier profile, I will ensure the information is current.
- The information stated in the Payment Details section above accurately reflects the service(s) I will perform in exchange for the payment amount stated.

Payee Signature:

**Craig
Robinson**

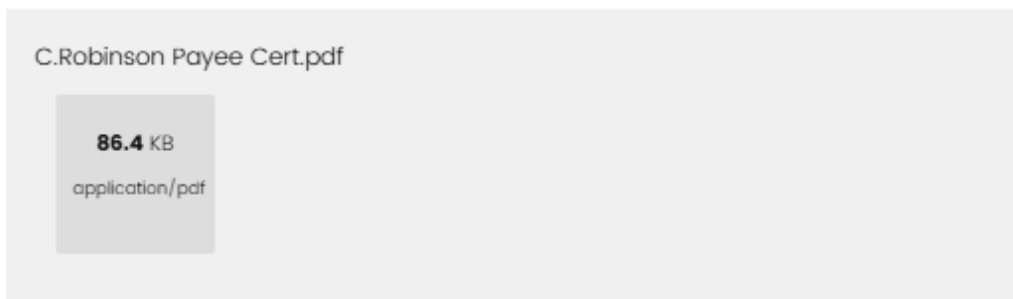
Digitally signed by
Craig Robinson
Date: 2025.09.12
17:14:45 -04'00'

Date of Signature

- Next indicate if you are requesting travel reimbursement (mileage, lodging, per diem). All travel reimbursement must be approved by ASP at least 8 weeks before the first day of the course, barring reasonable special circumstances, such as instructor roster changes after this deadline.

Section 2: Instructor Supporting Documentation

Please upload the FY26 Payee Certification form [here](#).



I am also requesting travel reimbursement for mileage and/or lodging.

Yes

No

N/A (not applicable to Instructor Candidate/Course Assistant)

- **For mileage reimbursement ONLY:**
 - a. Complete all of page one then sign and date the bottom of page 2 of the FY26 Travel Form.

- b. Log the **FULL** address of your departure and arrival locations. Complete all columns.
- c. On page two, leave the lodging and per diem boxes empty if you are **only** requesting mileage reimbursement.

FY26 Travel Form

Instructor's Legal Name: Craig Robinson
 Instructor's Home Address: 1002 Wishard Blvd., Indianapolis, IN 46202
 Tech ID Number (Safe Kids ID #): 799775
 CPS Certification Course Dates: 01/27/2026-01/29/2026
 CPS Certification Course Number: IN202500000000

Travel Mileage Record

**If claiming per diem, please provide departure time from home on first day of travel in date/time column. Per diem can only be claimed with lodging. Please provide arrival time to home on last day of travel in date/time column. Travel reimbursement state policies can be found [here](#).*

Date/*Time	From Address (City, State, Zip Code)	To Address (City, State, Zip Code)	Mileage	Multiply mileage by \$.49 & input total in this column	Purpose of the trip – NO ACRONYMS
01/28/2026	1002 Wishard Blvd.Indianapolis, IN 46202	777 Roadway Dr., Townington, IN 47444	50	24.5	From office to course.
01/28/2026	777 Roadway Dr., Townington, IN 47444	002 Wishard Blvd.Indianapolis, IN 46202	50	24.5	From course to office.
01/29/2026	002 Wishard Blvd.Indianapolis, IN 46202	777 Roadway Dr., Townington, IN 47444	50	24.5	From office to course.
01/29/2026	777 Roadway Dr., Townington, IN 47444	002 Wishard Blvd.Indianapolis, IN 46202	50	24.5	From course to office.

Lodging

Please check amount of lodging days. Course must be at least 60 miles (one way) from home. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Hotel Address (City, State, Zip Code)	Total
	Please submit hotel receipts to the CPS Training Facilitator.	\$

Per Diem (overnight travel only)

Please check what meals were provided to you for each day of travel (i.e. you did not purchase).	Breakfast Provided		Lunch Provided		Dinner Provided	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Day 1 – Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Day 2 – Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Day 3 – Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Day 4 – Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Day 5 – Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature: **Craig Robinson** Digitally signed by Craig Robinson
 Date: 2025.09.12 17:41:28 -04'00'

Date: _____

- d. If you are **also** requesting lodging and/or per diem for overnight stays that are at least 60 miles one way from home, you must

also log your **departure time on the first day** of travel and your **arrival home time on your last day of travel.**

Travel Mileage Record

*If claiming per diem, please provide departure time from home on first day of travel in date/time column. Per diem can only be claimed with lodging. Please provide arrival time to home on last day of travel in date/time column. Travel reimbursement state policies can be found [here](#).

Date/*Time	From Address (City, State, Zip Code)	To Address (City, State, Zip Code)	Mileage	Multiply mileage by \$.49 & input total in this column	Purpose of the trip – NO ACRONYMS
01/28/2026 5:00 AM	1002 Wishard Blvd.Indianpolis, IN 46202	777 Roadway Dr., Townington, IN 47444	50	24.5	From office to course.
01/28/2026	777 Roadway Dr., Townington, IN 47444	002 Wishard Blvd.Indianpolis, IN 46202	50	24.5	From course to office.
01/29/2026	002 Wishard Blvd.Indianpolis, IN 46202	777 Roadway Dr., Townington, IN 47444	50	24.5	From office to course.
01/29/2026 7:00 PM	777 Roadway Dr., Townington, IN 47444	002 Wishard Blvd.Indianpolis, IN 46202	50	24.5	From course to office.

- You **must** also complete the lodging and per diem sections (including meals provided grid) on Page 2.
 - Please note: the per diem calculator grid indicates whether meals were **provided** to you at the hotel, course location, etc., not whether you accepted the provided meal.

Lodging

Please check amount of lodging days. Course must be at least 60 miles (one way) from home. 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Hotel Address (City, State, Zip Code) 444 Lodging Place, Awaysburg, IN 43222 Please submit hotel receipts to the CPS Training Facilitator.	Total \$ \$375 .00
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Per Diem (overnight travel only)

Please check what meals were provided to you for each day of travel (i.e. you did not purchase).	Breakfast Provided		Lunch Provided		Dinner Provided	
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Day 1 – Date:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Day 2 – Date:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Day 3 – Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Day 4 – Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Day 5 – Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature: Craig Robinson Digitally signed by Craig Robinson
Date: 2025.09.12 17:41:28 -04'00'

Date: _____

- For lodging reimbursement: you **must** provide the ASP CPS Training Program Manager a lodging receipt with \$0.00 balance due in your name before we can process the reimbursement.

If you have any difficulty downloading, completing, or uploading the FY26 Travel Form, please contact the ASP CPS Training Program Manager.

Last Section

- Indicate whether you are a registered supplier with BUY.IU/Jaggear Network, and whether you are signed up for direct deposit.
- You can access and review the updated NHTSA Certified Assurances in the link provided in that section.
- Read and sign the compensation agreement and verify your status as **not a robot**.

Are you a registered supplier with Buy IU/Jaggear Network?

Yes

Maybe

No

Are you signed up for Direct Deposit (ACH)?

Yes

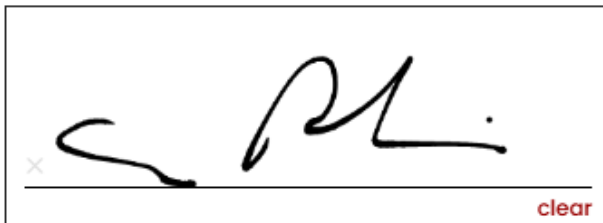
Maybe

No

By signing here, I acknowledge that I have received and reviewed the the FY26 Automotive Safety Program Child Passenger Safety Partner Instructor Agreement for public certification courses that finalize from October 1, 2025 - September 30, 2026).

I also acknowledge that I have access to the NHTSA Certified Assurances at [this link](#).

By signing here, I hereby certify that the information presented in this form accurately reflects my commitment to instruct the national standardized child passenger safety technician certification course on my own time, confirming I will **NOT be compensated by any other organization during the dates listed on this Instructor Payment Request**. If I am found to be compensated or paid by another entity during the dates listed on this payment request form, I could face a penalty under Indiana procurement laws, policies, and procedures, including but not limited to IC § 5-22 and procedures set out at <https://www.in.gov/idoa/2944.htm>.

 clear

Please direct questions or concerns to the ASP CPS Training Program Manager by emailing autosfty@iu.edu subject line Instructor Stipends (and/or Travel if applicable) or call 317-274-2977.

You will receive confirmation that your Instructor Stipend Request and Travel Request have been received and under review within **5 business days** of completion. ASP will contact the email listed in the Stipend Request Form.

If you do not receive this email confirmation, contact the ASP CPS Training Program Manager by emailing autosfty@iu.edu subject line Instructor Stipend Request or call 317-274-2977.