

SAMPLE RECEIPT

This is what your receipt should look like with all this information on it. Please fax, mail, or e-mail us a copy of your receipt.

**New York State Point/Insurance Reduction Program
MOTOR VEHICLE ACCIDENT PREVENTION COURSE RECEIPT**

Last Name of Applicant		First	M.I.	
Name and Phone # of Delivery Agent (Typed or Stamped)		Delivery Agency Code #	Class Fee Paid	Class Date (Mo./Day/Yr.)
		18/		____/____/____
Location of Class			Class Hours	
Instructor			NEW YORK SAFETY PROGRAM (800) 942-6874	

**New York State Point/Insurance Reduction Program
MOTOR VEHICLE ACCIDENT PREVENTION COURSE RECEIPT**

Last Name of Applicant		First	M.I.	
Smith		Joseph	P.	
Name and Phone # of Delivery Agent (Typed or Stamped)		Delivery Agency Code #	Class Fee Paid	Class Date (Mo./Day/Yr.)
Jane Doe's Agency 123 Fifth Avenue Brooklyn, NY 11209 (718)748-5252		18/ 123	\$49.00	09 / 09 / 2003
Location of Class			Class Hours	
123 Fifth Avenue, Brooklyn, NY 11209			9am-3pm	
Instructor			NEW YORK SAFETY PROGRAM (800) 942-6874	
Jane Doe				