

ANYTHING HIGHLIGHTED YELLOW PLEASE

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Department of
Education

Division of Financial Operations
Non Public School Payables
65 Court Street, Room 1001
Brooklyn, NY 11201

SAMPLE

SETSS

Month: MARCH Year: 2025

Provider Information	
Providers Name: <u>JANE MONROE</u>	Social Security #: <u>N/A</u>
Address: <u>159 CARING LANE</u>	
Telephone #: <u>516-728-640-7181</u>	E-Mail Address: <u>JMONROEED@GMAIL.COM</u>

Student Information	
Students Name: <u>BOBBY SMALL</u>	Date of Birth: <u>1/2/2015</u> NYC ID #: <u>000-111-222</u>
Service District: <u>N/A</u> Frequency: <u>6</u> Duration: <u>60</u>	Hourly Rate: <u>LEAVE BLANK</u>

Agency Information	
Agency Name: <u>NEW YORK THERAPY PLACEMENT SERVICES, INC.</u>	Federal Tax ID #: <u>12-3456789</u>
Address: <u>500 BI-COUNTY BLVD SUITE 450 FARMINGDALE, NEW YORK 11735</u>	
Telephone #: <u>718-264-1640</u>	E-Mail Address: <u>therapynyc@nytps.com</u>

Service Provision							
Date	Frequency	Start Time	End Time	Date	Frequency	Start Time	End Time
1	1	2:00PM	3:00PM	17			
2	.5	4:00PM	4:30PM	18			
3				19			
4				20	2	3:00PM	5:00PM
5				21	1.75	3:00PM	4:45PM
6				22	2.25	4:00PM	6:15PM
7				23			
8				24			
9	1.5	3:30PM	5:00PM	25			
10				26			
11	.25	3:00PM	3:15PM	27			
12				28			
13				29			
14				30			
15				31			
16							

Total # of Sessions: _____	Rate: _____	Total Amount Due: _____
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NOTE: All fields must be completed and original invoice must be sent monthly to the
Bureau of Non Public Schools Payable Office

Certification	
<p>I hereby certify that I have provided related services on the dates for the duration indicated herein. I understand that when completed and filed, this form becomes a record of the Board of Education and that any material misrepresentation may subject me to criminal, civil and/or administrative action.</p> <p><u>Jane Monroe</u> 4/2/25 Signature of Provider Date</p>	<p>By my signature I acknowledge that I have reviewed this Related Service billing form and that, to the best of my knowledge, these sessions were provided as indicated.</p> <p><u>Michael Smalls</u> 4/2/25 Signature of Parent/Guardian/Principal Date</p>