NYC Department of Education

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

SAMPLE

Related Service Billing Form

Month: June Year: 2016

Info on transmittal

Section 1: Students Information

Students Name: John Smith Date of Birth: 06/20/2005

NYC ID #: 223-405-678 Service District: 14 Related Service: Speech, Counseling, PT, OT

Recommendation on IEP:

Hourly Rate: LEAVE BL Frequency: 2 Duration: 30 Group Size: 3 Language: Eng

Location of Services Provided: SCHOOL
Home, School or Place of Buisness

Info on transmitta

Section 2: Provider Information

Providers Name: Sally Rose Social Security #: 123-40-5678

Address: 111 Forest Avenue, Bayside N.Y. 11360

Telephone # : 718-123-4567 E- Mail Address: SRose@anywhere.com

Section 3: Agency Information

Agency Name: New York Therapy Placement Services, Inc. Federal Tax ID #: 11-3139640

Address: 500 Bi-County Blvd. #450, Farmingdale, NY 11735

Telephone # : 718-264-1640 E- Mail Address: therapynyc@nytps.org

Section 4: Service Provision

Actual Services

Date	Frequency	Start Time	End Time	Group Size
6/1/16	2	2:30PM	3:30PM	1
6/4/16	2	2:30PM	3:30PM	1
6/9/16	2	2:30PM	3:30PM	1
6/11/16	2	2:30PM	3:30PM	1
6/16/16	2	2:30PM	3:30PM	1
6/18/16	2	2:30PM	3:30PM	1
6/23/16	2	2:30PM	3:30PM	1
6/25/16	2	2:30PM	3:30PM	1

Group Size based on "actual" service

Total # of Sessions: LEAVE BLANK Rate: LEAVE BLANK Total Amount Due: LEAVE BLANK

Section 5: Certification

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.

Provider Signature 6/25/16
Signature of Provider Date

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.

School Parent Signature 6/25/16
Signature of Parent/Guardian/Principal Date

RVSD 8/12 K.D.Q