



## VENDOR MONTHLY SERVICE INVOICE FORM

### CASE INFORMATION

Case Number: \_\_\_\_\_ Service Period: Month \_\_\_\_\_ Year \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Service Type: \_\_\_\_\_ Service Location: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID/OSIS #: \_\_\_\_\_  
Home Address: \_\_\_\_\_

### AGENCY/INDEPENDENT PROVIDER INFORMATION

Name: \_\_\_\_\_ EIN #/SSN #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Service Provider Name (FOR AGENCIES ONLY): \_\_\_\_\_

DATE OF SERVICE	SESSION TIME	LENGTH OF SESSION	DATE OF SERVICE	SESSION TIME	LENGTH OF SESSION	DATE OF SERVICE	SESSION TIME	LENGTH OF SESSION

Total Number of Hours: \_\_\_\_\_ Rate Per Hour: \$ \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_

I hereby certify that I have provided services on the dates for the duration indicated herein. I understand that when completed and filed, this form becomes a record of the NYC Department of Education (DOE) and is relied upon by the DOE to make payment and any material misrepresentation may subject me to criminal, civil, and/or administrative action.

Provider Full Name (please print): \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I acknowledge that I have reviewed this billing form and that, to the best of my knowledge, these sessions were provided as indicated.

#### FOR SERVICES PROVIDED AT HOME:

Parent Full Name (please print): \_\_\_\_\_  
Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

#### FOR SERVICES PROVIDED AT SCHOOL:

Principal Full Name (please print): \_\_\_\_\_  
Principal Signature: \_\_\_\_\_  
Date: \_\_\_\_\_