

Department of  
Education

Source: *U.S. Census Bureau, 1997*

**Supported Working Under Implementation Vail**  
 Minister of Agricultural Resources and Natural Support

## VENDOR MONTHLY SERVICE STATEMENT FORM

### CASE STUDY: THE

Client Number \_\_\_\_\_ Service Product Number \_\_\_\_\_ Total \_\_\_\_\_ Working's Center \_\_\_\_\_  
 Service Type \_\_\_\_\_ Service Location \_\_\_\_\_ Service Number \_\_\_\_\_

**5. Statistical significance testing**

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

#### ADMINISTRATIVE PROCEDURE INFORMATION

Name: \_\_\_\_\_ Date written: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Service Provider Name (P.O. Box, etc.): \_\_\_\_\_

[illegible]

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

I hereby certify that I have provided services on the date 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.

Provide full name (long print) \_\_\_\_\_

Protein Name	Size
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By my signature, I acknowledge that I have reviewed the billing items and that, to the best of my knowledge, these services were provided as indicated.

FOUR SERVICES PROVIDED AT NO COST:

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

**FOR SERVICES PROVIDED AT SCHOOL.**

Principal Signature: \_\_\_\_\_  
Date: \_\_\_\_\_