



Billing Form for Preschool Related Service Providers

Vendor Invoice # \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Section 1: Student Information

Student's Name: \_\_\_\_\_  
Last First

NYC ID # \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home District: \_\_\_\_\_

Related Service: \_\_\_\_\_

Recommendation on IEP:

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_ Group Size \_\_\_\_\_ Lang. \_\_\_\_\_

( ) Check here if student was assigned to you/agency by CPSE after being  
selected from the NYC Municipality List of Approved Preschool Related

Service Providers

OR

( ) Check here if student was assigned to your agency as a result of being awarded  
the related service contract through the RFP process.

Contract # \_\_\_\_\_

Location Where Services are Provided: \_\_\_\_\_

Comments: \_\_\_\_\_

Section 2: Provider Information

Provider's  
Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

S.S.#(required) \_\_\_\_\_

Telephone: \_\_\_\_\_

Section 3: Agency Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ email : \_\_\_\_\_

Agency Rep (print name) \_\_\_\_\_

Fed. Tax ID: \_\_\_\_\_

Section 4 :Service Provision

DATE RCV Start End  
Group Time Time  
Size  
Signature of parent/Principal  
or designee verifying that  
service has actually been provided  
at the times indicated

DATE RCV Start End  
Group Time Time  
Size  
Signature of parent/Principal  
or designee verifying that  
service has actually been provided  
at the times indicated

1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

Section 5: Certification for the Provision of Services:

I hereby certify that I have served in the Related Service Program on the dates and  
for the duration indicated herein. I understand that any material misrepresentation  
of fact provided by me on this form may result in criminal action

Total # of Sessions: \_\_\_\_\_ Rate: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Signature of Provider (original)

Date

Signature of Agency/School Representative (original)

Date

\*The DOE will only accept Billing Forms that have instructions for completion on the reverse side

**+Instructions for Completing the Billing Form for Preschool Related Service Providers**

Indicate Vendor Invoice # (optional), Page # (i.e. 1 of 1, 1 of 56), month and year service provided.

**Section 1: Student Information**

- ◆ Name of student (last name, first name)
- ◆ NYC identification number of student
- ◆ Date of birth of the student (mm/dd/yy)
- ◆ Home District of student
- ◆ Type of related service provided
- ◆ Indicate the frequency, duration, group size and language (if appropriate) as indicated on the student's Individualized Education Program (IEP)
- ◆ ( ) Check the appropriate field for student assignment.

If student was assigned to you/agency by CPSE after being selected from the NYC Municipality List of approved Preschool Related Service Providers.

**OR** Student was assigned to your agency as a result of being awarded the related service contract through the RFP process. **Provide the Contract #.**

- ◆ Location where service was provided
- ◆ In the comment section, indicate exceptions to the location identified above providing the date and where the service was provided.

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**Section 2: Provider Information**

- ◆ Name of provider (last name, first name)
- ◆ Address of provider
- ◆ **Provider's social security number – Required on all invoices**
- ◆ Provider's telephone number

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**Section 3: Agency Information (This section must be filled out for any services that are provided by an agency.)**

- ◆ Name of Agency
- ◆ Agency's address
- ◆ Agency's telephone number
- ◆ Agency Representative (print name)
- ◆ Federal Tax Identification Number

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**Section 4: Service Provision**

**You may not bill for services in excess of the frequency/duration of services specified on the IEP.**

Next to the date service was provided during the month indicate the following:

- ◆ Receiving group size- This is the actual group size for which service has been provided (e.g., 2:1 students to therapist)
- ◆ Start time of the specific session
- ◆ End time of the specific session
- ◆ Make-up sessions may be provided only in accordance with the instructions provided in the Agreement
- ◆ Signature of Parent/Principal or Designee verifying that service has actually been provided at the times indicated
- ◆ Total number of billing sessions provided for all students served. (Regular and makeup sessions)
- ◆ Contracted rate (To be paid at the correct rate for a psychologist or registered nurse, a copy of the provider's license must be submitted with the initial billing for the fiscal year)
- ◆ Total amount due

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**Section 5: Certification for Provision of Services**

- ◆ Original signature (no photocopies) of provider attesting that information is correct and accurate and all services have been provided. The person that actually provided the service must sign this form.
- ◆ Date the billing form was signed by the provider
- ◆ Original co-signature (no photocopies) of the Agency Representative attesting that information is correct and accurate must sign this form
- ◆ Date the billing form was signed by Representative

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**Notes:**

- ◆ The approved **two-sided** New York City Department of Education Billing Form must be used when billing for services. Invoices without the instructions for completion on the reverse side will not be accepted

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**Submission of Billing Forms:** Please submit completed billing forms to:  
Bureau of NPSP  
Preschool Unit  
65 Court Street Room 1503  
Brooklyn, New York 11201

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**Telephone: (718) 935-2161 Fax: (718) 935-3801**  
**Please be advised that invoices submitted with incomplete or illegible information will be returned. Effective FY 10, the deadline for invoice submission is the 31<sup>st</sup> of October.**