



## Monthly Billing Form for Service Providers

Month: \_\_\_\_\_

Year: \_\_\_\_\_

### Section 1. Student Information

Student's Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

School Name & Location Address Where Services are Provided: \_\_\_\_\_

### Section 2. Provider Information

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

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

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

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

### Section 3. Service Provision

Date	Start Time	End Time	Group	Signature	Date	Start Time	End Time	Group	Signature
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 4. Certification for the Provision of Services:

I hereby certify that I have served on the dates and durations indicted herein.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By: Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### For Internal Use

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

Session Time: \_\_\_\_\_

Rate: \_\_\_\_\_

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