



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: _____