



**Impartial Hearing Order Implementation Unit
division of Specialized Instruction and Student Support
VENDOR MONTHLY SERVICE INVOICE FORM**

CASE INFORMATION

Case Number: _____ Service Period: Month: January Year: 2022 Today's Date: 07/14/2022
Service Type: SEIT Service Location: Home Invoice Number: _____

STUDENT INFORMATION

Name: Fraidy Greenwald 3 Student ID/OSIS #: _____
Home Address: Test

AGENCY/INDEPENDENT PROVIDER INFORMATION

Name: Alpha Student Support EIN #/SSN #: 46-480-9603
Address: 1225 McDonald Ave, Brooklyn NY 11230
Email Address: financial@alphasupport.org Telephone Number: 718-975-4949
Service Provider Name (FOR AGENCIES ONLY): FG Provider

DATE OF SERVICE	SESSION TIME	LENGTH OF SERVICE	DATE OF SERVICE	SESSION TIME	LENGTH OF SERVICE	DATE OF SERVICE	SESSION TIME	LENGTH OF SERVICE
01/12/2022	08:00 am -09:00 am	60						

Total Number of Hours: 1.00

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): FG Provider

Provider

Signature:  Date: 04/27/2022

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:

FOR SERVICES PROVIDED AT SCHOOL:

Parent Full Name (print): _____ Principal Full Name (print): Fraidy

Parent

Signature: _____ Principal Signature: _____

Date: _____ Date: _____

Submit original invoices to: New York City Department of Education
Impartial Hearing Order Implementation Unit
65 Court Street - Room 1503
Brooklyn, New York 11201
ATTN: Barbara Thorpe

PLEASE NOTE: FAILURE TO COMPLETE ALL FIELDS MAY RESULT IN THE DELAY OF PAYMENT.

rev. 4/11/2014