



Division of Financial Operation
Non Public School Payables
65 Court Street, Room 1001
Brooklyn, NY 11201

Enhanced
Rate
SETSS

Provider Information			
Providers Name:	<u>Hello world</u>	Social Security#:	<u>Hello world</u>
Address:	<u>Hello world</u>		
Telephone#:	<u>Hello world</u>	E-Mail Address:	<u>Hello world</u>

Student Information			
Students Name:	<u>GREENBAUM SARA</u>	Date of Birth:	<u>2008-11-11</u> NYC ID#: <u>043935868</u>
Service District:	<u></u>	Frequency:	<u>11</u> Duration: <u>60</u> Hourly Rate: <u></u>

Agency Information	
Agency Name:	<u>CHILDRENS LEARNING LADDERS CORP</u> Federal Tax ID#: <u>tax id number 123-456-789</u>
Address:	<u>Hello world</u>
Telephone#:	<u>xxxx-xxx-xxx</u> E-Mail Address: <u>test_email@mail.com</u>

Service Provision							
Date	Frequency	Time In	Time Out	Date	Frequency	Time In	Time Out
04-01-2021	90	05:30 PM	07:00 PM	04-01-2021	90	05:30 PM	07:00 PM
04-06-2021	90	05:30 PM	07:00 PM	04-06-2021	90	05:30 PM	07:00 PM

Total # of Sessions:	<u>28.50</u>	Rate:	<u>28</u>	Total Amount Due:	<u>099</u>
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NOTE: All fields must be completed and original invoice be sent monthly to the Bureau of Non Public Schools Payable Office

Student Information	
I hereby certify that I have provided related services on the dates for the duration indicated herein. I understand that when completed and filed, this for, becomes a record of the Board of Education and that any material mirepresentation may subject me to criminal, civil and/or administrative action.	By my signature I acknowledge that I hhave reviewed this Related Service billing form and that, to the best of my knowledge, these sessions were provided as indicated.
Susan Ciment	Responsible Name
Signature of Provider Date: 05-03-2021	Signature of Parent/Guardian/Principal Date: 05-03-2021