



Impartial Hearing Order Implementation Unit  
Division of Specialized Instruction and Student Support

**VENDOR MONTHLY SERVICE INVOICE FORM**

**CASE INFORMATION**

Case Number: case number #456-99 Service Period: Month \_\_\_\_\_ Year \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Service Type: SETSS Service Location: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID/OSIS#: \_\_\_\_\_  
Home Address: \_\_\_\_\_

**AGENCY/INDEPENDENT PROVIDER INFORMATION**

Name: \_\_\_\_\_ TIN #/SSN#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone Number: ( 097 ) 766 - 2779  
Service Provider Name (FOR AGENCIES ONLY): \_\_\_\_\_

DATE OF SERVICE	START TIME	END TIME	NO. OF SESSION	DATE OF SERVICE	START TIME	END TIME	NO. OF SESSION	DATE OF SERVICE	START TIME	END TIME	NO. OF SESSION
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Mandated Session Length: ffff Total Number of Sessions: ffff Rate Per Session: \$ ffff Total Amount Due: \$ ffff  
(e.g. 30/45/60 minutes)

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 misrepresentation may subject me to criminal, civil and/or administrative action.

Provider Full Name (please print): 11111111111111111111

Provider Signature: 11111111111111111111 Date: 2021-08-17

By my signature I acknowledge that I have reviewed this Related Service billing form and that, to the best of my knowledge, these sessions were provided as indicated.

**FOR SERVICES PROVIDED AT HOME/AGENCY**

Parent Full Name (please print): wwwwwwwwwwww

Parent Signature: wwwwwwwwwwwwwwwwwwwwwwww

Date: \_\_\_\_\_

**FOR SERVICES PROVIDED AT SCHOOL**

Principal Full Name (please print): wwwwwwwwwwww

Principal Signature: wwwwwwwwwwwwwwwwwwwwwwww

Date: \_\_\_\_\_