



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

Enhanced  
Rate  
SETSS

Month: April Year: 2021

| 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> |
|----------------------|--------------|-------|-----------|-------------------|------------|

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   |