



Christopher McKay, Director  
Bureau of Non-Public School Payables

INVOICE # \_\_\_\_\_

INVOICE DATE : \_\_\_\_\_

CASE # \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

VENDOR EIN # / SSN # \_\_\_\_\_

VENDOR ADDRESS \_\_\_\_\_

PROVIDER NAME (If different from vendor name) \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

STUDENT'S OSIS # \_\_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_

TYPE OF SERVICE \_\_\_\_\_

DATE OF SERVICE	LENGTH OF SESSION						

TOTAL NUMBER OF SESSIONS : \_\_\_\_\_ RATE : \_\_\_\_\_ TOTAL AMOUNT DUE : \_\_\_\_\_

I hereby certify that I have provided services on the dates and 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'S SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

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

PARENT / PRINCIPAL'S SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

SUBMIT ORIGINAL INVOICES TO

N.Y.C. Department of Education  
Bureau of Non-Public School Payables  
65 Court Street – Room 1503  
Brooklyn, NY 11201  
Attn: IMPARTIAL HEARING UNIT

PLEASE NOTE: ALL FIELDS MUST BE COMPLETED