Department of Education
Carmen Fariña, Chancellor

Division of Financial Operations
Bureau of Non-Public School Payables – Preschool Unit
Tel.: (718) 935-2161

Vendor Invoice #: _____
Month: _____ Year: _____
Page _____ of _____

BILLING FORM FOR PRESCHOOL RELATED SERVICE PROVIDERS

Section 1: Student Information

Student's Name (Last, First): _____

NYC ID#: _____

Date of Birth: _____ Home District: _____

Related Service: _____

IEP Recommendation:

Frequency: _____ Duration: _____

Group Size: _____ Language: _____

Location of Service: _____

Student Assignment (Check one):

☐ Student was assigned to you/agency by CPSE after being selected from the NYC Municipality List of Approved Preschool Related Service Providers.

☐ Student was assigned to your agency as a result of being awarded the related service contract through the RFP process.

Contract # (If applicable): _____

Comments: _____

Section 2: Provider Information

Provider's Name (Last, First): _____

Address: _____

_____

Telephone #: _____ SSN (Required): _____

Section 3: Agency Information

Agency Name: _____

Agency Address: _____

_____

Agency Contact (Last, First): _____

Federal Tax ID#: _____

Telephone #: _____ Email: _____

Section 4: Service Provision

Date	RCV Group Size	Start Time	End Time	Signature of parent/principal/designee verifying that service was provided as indicated	Date	RCV Group Size	Start Time	End Time	Signature of parent/principal/designee verifying that service was provided as indicated
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

Section 5: Certification of Service Provision

I hereby certify that I provided related services on the dates and for the durations indicated above. I understand that any material misrepresentation of fact provided by me on this form may result in criminal action.

Total # of Sessions: _____ Rate: $_____

Total Amount Due: $_____

_____
Signature of Provider (Original required) Date

_____
Signature of Agency/School Representative (If applicable; Original required) Date

Last Updated: 3-30-15