Department of Education
Joel I. Klein, Chancellor

Division of Financial Operations
Non - Public School Payables
65 Court Street, Room 1503
Brooklyn, NY 11201

Reset Form

Independent Providers of Oral Transliterator Billing Form: RSA - 7B

Invoice No: _____

Identification Information

Name of Student: _____ OSIS / NYC ID # _____

Name of Oral Transliterator _____ Social Security # _____

Name of Agency: _____ Employers Tax ID # _____

Date of Service	Time - In	Time - Out	Hours	Total Amount

Total # of Sessions: _____ Rate: _____ Total Amount Due: _____

Certification

This is to certify that the above information is true and accurate and all services have been provided.

Signature of Oral Transliterator: _____ Date: _____

Signature of Principal: _____ Date: _____

Revised 8/2009
K.D.Q