THE NEW YORK CITY DEPARTMENT OF EDUCATION

IMPARTIAL HEARING OFFICE

NAME _____

ADDRESS _____

_____

SOCIAL SECURITY NO. _____

HEARING OFFICER LOG AND INVOICE

CASE NAME _____ CASE NO. _____

DATE OF APPOINTMENT _____

DATE DECISION SUBMITTED or DATE CASE CANCELLED _____

DATE	CODE	TOTAL HRS.	NATURE OF SERVICES RENDERED

HOURLY RATE _____ x $40.00 = $ _____

Hours — Rate per Hour — Total

TOTAL PAYMENT DUE $ _____

I certify that in accordance with the agreement, I have performed the services as indicated.

_____ _____

Signature of Hearing Officer (Consultant) — Date

I certify that the service reported hereon has been performed as stated by the consultant and the rate of pay is in accordance with the rules and regulations of the Board of Education and the New York State Education Department.

_____ _____

Impartial Hearing Office Administrator — Date

FOR OFFICE RECORDS ONLY:

DATE OF LOG AND INVOICE SUMMARY: _____