



**Instructions for Completing the Billing Form for Preschool Related Service Providers**

Indicate Vendor Invoice # (optional), Page # (*i.e. 1 of 1, 1 of 56*), month and year service was provided.

**Section 1: Student Information**

- ◆ Name of student (last name, first name)
- ◆ NYC identification number of student
- ◆ Date of birth of the student (mm/dd/yy)
- ◆ Home District of student
- ◆ Type of related service provided
- ◆ Indicate the frequency, duration, group size and language (if appropriate) as indicated on the student's Individualized Education Program (IEP)
- ◆ ( ) Check the appropriate field for student assignment.  
If the student was assigned to your/agency by CPSE after being selected from the NYC Municipality List of Approved Preschool Related Service Providers **OR** Student was assigned to your agency as a result of being awarded the related service contract through the RFP process. **Provide the Contract #**
- ◆ Location where service was provided
- ◆ In the comment section, indicate exceptions to the location identified above providing the date and where the service was provided.

**Section 2: Provider Information**

- ◆ Name of provider (last name, first name)
- ◆ Address of provider
- ◆ **Provider's social security number – Required on all invoices**
- ◆ Provider's telephone number

**Section 3: Agency Information**

**This section must be filled out for any services that are provided by an agency.**

- ◆ Name of Agency
- ◆ Agency's address
- ◆ Agency's telephone number
- ◆ Agency Representative (print name)
- ◆ Federal Tax Identification Number

**Section 4: Service Provision**

**You may not bill for services in excess of the frequency/duration of services specified on the IEP.**

Next to the date service was provided during the month indicate the following:

- ◆ Receiving group size- This is the actual group size for which service has been provided (e.g., 2:1 students to therapist)
- ◆ Start time of the specific session
- ◆ End time of the specific session
- ◆ Make-up sessions may be provided only in accordance with the instructions provided in the Agreement
- ◆ Signature of Parent/Principal or Designee verifying that service has actually been provided at the times indicated
- ◆ Total number of billing sessions provided for all students served. (Regular and makeup sessions)
- ◆ Contracted rate (To be paid at the correct rate for a psychologist or registered nurse, a copy of the provider's license must be submitted with the initial billing for the fiscal year)
- ◆ Total amount due

**Section 5: Certification for Provision of Services**

- ◆ Original signature (no photocopies) of provider attesting that information is correct and accurate and all services have been provided. The person that actually provided the service must sign this form.
- ◆ Date the billing form was signed by the provider
- ◆ Original co-signature (no photocopies) of the Agency Representative attesting that information is correct and accurate must sign this form
- ◆ Date the billing form was signed by Representative

**Notes:**

The approved two-sided New York City Department of Education Billing Form must be used when billing for services. Invoices without the instructions for completion on the reverse side will not be accepted.

**Please be advised that invoices submitted with incomplete or illegible information will be returned.**

**Invoices must be received no later than six months after the end of the fiscal year.**

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**Submission of Billing Forms:**

Please submit completed billing forms to:

Bureau of NPSP - Preschool Unit  
65 Court Street, Room 1503  
Brooklyn, New York 11201  
Telephone: (718) 935-2161  
Fax: (718) 935-3801