



**Impartial Hearing Order Implementation Unit  
Division of Specialized Instruction and Student Support**

**VENDOR MONTHLY SERVICE INVOICE FORM**

**CASE INFORMATION**

Case Number: \_\_\_\_\_ Service Period: Month \_\_\_\_\_ Year \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Service Type: \_\_\_\_\_ Service Location: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID/OSIS #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**AGENCY/INDEPENDENT PROVIDER INFORMATION**

Name: \_\_\_\_\_ TIN #/SSN #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Service Provider Name (FOR AGENCIES ONLY): \_\_\_\_\_

DATE OF SERVICE	SESSION TIME	LENGTH OF SESSION	DATE OF SERVICE	SESSION TIME	LENGTH OF SESSION	DATE OF SERVICE	SESSION TIME	LENGTH OF SESSION

**Total Number of Sessions:** \_\_\_\_\_ **Session Length:** \_\_\_\_\_ **Rate Per Session: \$** \_\_\_\_\_ **Total Amount Due: \$** \_\_\_\_\_

I hereby certify that I have provided services on the dates 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 Full Name (please print): \_\_\_\_\_  
 Provider 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.

**FOR SERVICES PROVIDED AT HOME/AGENCY:**

Parent Full Name (please print): \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**FOR SERVICES PROVIDED AT SCHOOL:**

Principal Full Name (please print): \_\_\_\_\_  
 Principal Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Submit original invoices to:** New York City Department of Education  
 Impartial Hearing Order Implementation Unit  
 65 Court Street – Room 1503  
 Brooklyn, New York 11201

# Accessibility Report

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## Summary

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