SPECIAL EDUCATION SERVICE AGENCY CONTRACT BILLING STATEMENT

BILL FROM: SERVICE AGENCY

AGENCY NAME:
CONTACT NAME:
AGENCY CODE:
STREET ADDRESS:
CITY/STATE/ZIP:

BILL TO: SCHOOL DISTRICT

DISTRICT NAME:
CONTACT PERSON:
STREET ADDRESS:
CITY/STATE/ZIP:
STATE:

REIMBURSABLE COSTS

DATES SERVICES PROVIDED	NAME OF PERSON PROVIDING SERVICE	NDE SERVICE CODE	*DESCRIPTION OF SERVICE	**NAMES OF CHILDREN SERVED	NDE APRROVED UNIT RATE/ HOURLY RATE	NUMBER OF UNITS/ HOURS	AMOUNT TOTAL
						TOTAL REIMBURSABLE COSTS	

NON-REIMBURSABLE COSTS

DATES SERVICES PROVIDED	NAME OF PERSON PROVIDING SERVICE	NDE SERVICE CODE	*DESCRIPTION OF SERVICE	**NAMES OF CHILDREN SERVED	UNIT RATE/ HOURLY RATE	NUMBER OF UNITS/ HOURS	AMOUNT TOTAL
						TOTAL NON-REIMBURSABLE COSTS	

*Costs may include associated costs necessary to deliver the service (i.e. staff travel, IEP preparation time, etc.)

** School Districts must maintain records of proportionate share expenditures for non-public students

TOTAL COSTS

PLEASE REMIT PAYMENT TO: _____

Please refer to Rule 51 Section 13 Contracted Programs