SEIT PROVIDER MONTHLY SUMMARY INVOICE

Billing Month/ Year: \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Student’s Name** | **Total Number of Hours** | **Hourly Rate** | **Total $** |
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Total Hours per month \_\_\_\_\_\_\_\_\_\_\_\_\_ X Hourly Rate $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attestation Statement**

**I certify that all information contained in daily session notes and monthly invoices is accurate and all services were provided as authorized in the IEP.**

Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only :**

Check No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid :\_\_\_\_\_\_\_\_\_\_\_