

**SPECIAL EDUCATION SERVICE AGENCY CONTRACT BILLING STATEMENT**

**BILL FROM: SERVICE AGENCY**

**BILL TO: SCHOOL DISTRICT**

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

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 APPROVED HOURLY RATE	NUMBER OF HOURS	AMOUNT TOTAL
<b>TOTAL REIMBURSABLE COSTS</b>							

**NON-REIMBURSABLE COSTS**

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

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

**TOTAL COSTS** \_\_\_\_\_

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

PLEASE REMIT PAYMENT TO: \_\_\_\_\_

Please refer to Rule 51 Section 13 Contracted Programs