

**CHAPPAQUA CENTRAL SCHOOL DISTRICT**

P. O. Box 21, Chappaqua, NY 10514  
Ph: 914-238-7216, Fax: 914-238-7231

**CLAIM FORM – CONTRACTUAL CSE SERVICES at STUDENT HOME, PROFESSIONAL OFFICE,  
and/or SCHOOL**

Provider of Services: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Contractual Rate of Pay: \_\_\_\_\_

Date of Service	Times (ex. 9:00–9:45)	Student ID#	Description of Services	Parent/School Signature*	AMOUNT
Code: (office use only)				<b>TOTAL:</b>	

\*Parent: Please sign to confirm that services have been provided as listed:

\* School Representative: Please sign to confirm the provider was on site as indicated:

**PROVIDER OF SERVICES MUST SIGN THIS CERTIFICATE:**

This is to certify that the materials and/or services charged and included in the above claim amount have been performed for, furnished, and / or delivered to the above-named District's Board of Education. This also certifies that the charges are true and just and that no payments have been made except as included herein.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

**Approval:** I hereby certify that this has been rendered in accordance with the terms of the contract, agreement, or accepted estimate of said servicing agent, and the work has been completed and/or the materials delivered satisfactorily. Payment is authorized.

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date