

# YOUR LOGO AND REMIT ADDRESS

# INVOICE

A MA District  
123 Main St  
PleasantCity, MA, 01234

**STUDENT**

Tommy Salgado  
SASID: 0000000101  
ES EBS EE  
Program Location 05400006

PO#:

**COST**

**Total: \$6,250.00**  
Invoice number: 2303413  
Month: October FY23  
Invoice Date: 11/25/22

SERVICES	Rate*	Direct Service Per Week (hrs.)	Consult Service Per Week (hrs.)	Direct Service Per Month (hrs.)	Consult Service Per Month (hrs.)	Total Time This Month	October FY23
SLP	\$62.50	0.00	1.00	0.00	0.00	4.00 hours	\$250.00
OT	\$62.50	0.00	0.00	0.00	0.00	0.00 hours	\$0.00
PT	\$62.50	0.00	0.00	0.00	0.00	0.00 hours	\$0.00
Social Work	\$62.50	0.00	0.00	0.00	0.00	0.00 hours	\$0.00
BCBA	\$62.50	0.00	0.00	0.00	0.00	0.00 hours	\$0.00
1:1 Transitional Aide FTE	\$156.25	0.00 FTE				0.00 days	\$0.00
1:1 Behavioral Aide FTE	\$293.75	0.00 FTE				0.00 days	\$0.00
Number of Days: 20 Daily Tuition: \$300.00 Date Range: 10/03/22 - 10/31/22					Services Cost		\$250.00
					Tuition Cost		\$6,000.00
					Date Range Total		\$6,250.00
Notes:					Paid Amount		\$0.00
					Paid With Credit Amount		\$0.00
					Outstanding Amount		\$6,250.00

\* If a student's cost is shared by multiple districts, the rates will adjust accordingly.

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**SPED**<sup>fi</sup>

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**Student:** Tommy Salgado  
**SASID:** 0000000101  
Program Location 05400006

**Invoice number:** 2303413  
**Invoice month:** October  
**Invoice date:** 11/25/22

## INVOICE SUMMARY

Program	Date Range	# of Days	Date Range Total
ES EBS EE	10/03/22 - 10/31/22	20	\$6,250.00

**GRAND TOTAL** \$6,250.00