

COUNTY OF ULSTER REQUEST FOR PAYMENT DSS - Preschool Special Education Services Program 1071 Development Court, Kingston NY 12401

OF NE							
Claimant:			Date rec'd			YEAR	Rx
			Payment Amount	IIIIIIais _ 	Date		QPN
			Check #		Rates		
Service Month: Year:			Payment AmountCheck Date				Contract
	1 1				I a a a ti a sa		
Date	Qty.	Child's Name	Service Description	Frequency & Duration	Location H/C or Fac.	Unit Price	Amount
Dale	Qty.	Child's Name	Description	& Duration	H/C OI Fac.	Filce	Amount
			_				
					+		
						Page Total	\$
					TOTAL AL	L PAGES	\$
disburse	ments char that tax	the above account in the amounged were rendered to or for the es for which the County is exer	County of Ulster on the	is true ar he dates stated; t	hat no part ha unt claimed is		
DATE	(CLAIMANT'S SIGNATURE			TITLE		