



# Schenectady County Public Health Services

## Schenectady County Public Health Services - Children With Special Needs Program Reconciliation Rate Adjustment Sheet - SEIT Only for SEIT services PRIOR to July 2015

Agency: \_\_\_\_\_

School Year: \_\_\_\_\_

|                           | CHILD'S NAME<br>Last, First (Alphabetical Order Only) | Number of<br>SEIT sessions | RECONCILIATION<br>RATE | RECONCILIATION<br>AMOUNT | TOTAL AMOUNT<br>PAID | BALANCE<br>DUE OR (OWED) |
|---------------------------|---|----------------------------|------------------------|--------------------------|----------------------|--------------------------|
| 1                         |   |                            |                        |                          |                      |                          |
| 2                         |   |                            |                        |                          |                      |                          |
| 3                         |   |                            |                        |                          |                      |                          |
| 4                         |   |                            |                        |                          |                      |                          |
| 5                         |   |                            |                        |                          |                      |                          |
| 6                         |   |                            |                        |                          |                      |                          |
| 7                         |   |                            |                        |                          |                      |                          |
| 8                         |   |                            |                        |                          |                      |                          |
| 9                         |   |                            |                        |                          |                      |                          |
| 10                        |   |                            |                        |                          |                      |                          |
| 11                        |   |                            |                        |                          |                      |                          |
| 12                        |   |                            |                        |                          |                      |                          |
| 13                        |   |                            |                        |                          |                      |                          |
| 14                        |   |                            |                        |                          |                      |                          |
| 15                        |   |                            |                        |                          |                      |                          |
| <b>Total this Voucher</b> |   |                            |                        |                          |                      | \$                       |

Authorized Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_