Schenectady County Public Health Services

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

Agency: _____

School Year: _____

	CHILD'S NAME Last, First (**Alphabetical Order Only**)	OLD SEIT RATE	NEW SEIT RATE	DIFFERENCE	NUMBER OF SESSIONS PAID	**AMOUNT DUE OR (OWED)** difference multiplied by # of sessions paid
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
					Total this Voucher	$

If balance is due to County please indicate:

☐ check enclosed ☐ billing cycle deduction

Authorized Agency Signature: _____ Date: _____