



# 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 Last, First (Alphabetical Order Only)	Number of SEIT sessions	RECONCILIATION RATE	RECONCILIATION AMOUNT	TOTAL AMOUNT PAID	BALANCE 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: \_\_\_\_\_