



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						

If balance is due to County please indicate:

Total this Voucher \$

_____ check enclosed _____ billing cycle deduction

Authorized Agency Signature: _____ Date: _____