



Schenectady County Public Health Services

Schenectady County Public Health Services - Children With Special Needs Program Reconciliation Rate Adjustment Sheet - Centerbased Only

Agency: _____

School Year: _____

	CHILD'S NAME Last, First (Alphabetical Order Only)	Program Rate Code (hrs/day)	FTE	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							

If balance is due to County please indicate:

Total this Voucher \$

_____ check enclosed _____ billing cycle deduction

Authorized Agency Signature: _____ Date: _____