



**Miami-Dade County Public Schools  
Supplemental Educational Services  
2009-2010**

**Directions:** Information on this form **must be typed and signed in blue ink** by the Principal of the Provider Agency or authorized representative as substantiated by affidavit on file with the District.

**Invoice**

**Company Name:**

**Invoice Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To:** Mr. Rafael E. Urrutia  
Title I Administration- Attn. SES  
Miami-Dade County Public Schools  
1450 N. E. 2<sup>nd</sup> Avenue, Room 500  
Miami, FL 33132  
Phone: 305 995-4549

**Ten-Digit Vendor Number:** \_\_\_\_\_

**Provider Phone #:** (\_\_\_\_) \_\_\_\_\_

**Provider Fax #:** (\_\_\_\_) \_\_\_\_\_

Service Period (Month/Year)	Services Rendered	<b>Title I use only</b>
	SES tutoring services for _____ hours of service at \$_____ per hour  <b>Invoice Amount:</b> \$ _____	<b>Total Amount to Be Paid</b>  \$ _____
<b>Adjustments</b>		Original Invoice Amount: \$ _____
Hours of services will be removed and the invoice adjusted, if the tutor(s) listed on the Monthly SES Individual Student Attendance Report was/were not cleared prior to providing services, tutors' or students' initials are missing or wrong, and/or white out was used on student's Dates/Hours/Initials, and/or on Tutor's Name, Initials or Signature. In addition, as per the 2009-2010 SES Contractual Agreement, the fees outlined below will be deducted from the invoice amount, if applicable.		Less Adjustment(s): \$ _____
<b>The District reserves the right to withhold payment if a review reveals that overcharges have been submitted by the Provider.</b>		Total Amount:  \$ _____

<b>Title I use only</b>	
<b>If applicable, per the 2009-2010 SES Contractual Agreement the following fees will be assessed:</b>	
Adjustment(s)	Fee(s)
<input type="checkbox"/> Invoice submitted after the 15 <sup>th</sup> of the month	\$60.00
<input type="checkbox"/> Invoice submitted after the 28 <sup>th</sup> of the month	\$10.00 per day for each day after the 15 <sup>th</sup> (10 x $\frac{\text{Day(s)}}{\text{Total}}$ = \$ _____)
<input type="checkbox"/> Invoice resubmitted after the 5 <sup>th</sup> business day of the notification	\$10.00 per day for each day after the 5 <sup>th</sup> (10 x $\frac{\text{Day(s)}}{\text{Total}}$ = \$ _____)
<input type="checkbox"/> Invoice resubmitted more than once	2% of the total invoice amount (2% x $\frac{\text{Total invoice \$}}{\text{Total}}$ = \$ _____)

**Please remit payment to:**  
(Must be the address on contract and the Vendor Application)

**Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_