



Tax ID Number _____
 Month _____

Supplemental Educational Services Provider Attendance/Invoice

Company Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

Student Name	School Circle One	Student Attendance	Student Attendance	Student Attendance	Student Attendance	Student Attendance	Total # of hours	Amount Due	Verified by: (parent or guardian signature required)
	Hamilton Holmes Paul D. West MS Renaissance MS Ronald E. McNair MS Banneker HS Creekside HS Tri-Cities HS	Service Date: _____ Time: _____ (Please circle dates of attendance) M T W T F S S	Service Date: _____ Time: _____ (Please circle dates of attendance) M T W T F S S	Service Date: _____ Time: _____ (Please circle dates of attendance) M T W T F S S	Service Date: _____ Time: _____ (Please circle dates of attendance) M T W T F S S	Service Date: _____ Time: _____ (Please circle dates of attendance) M T W T F S S			
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Authorized Signature: _____ Title: _____ Date: _____ Total hours: _____

(Provider representative is verifying that the above information is accurate and correct under penalty of perjury.)

Approved for payment: _____ Date: _____ page# _____ of _____

(Fulton County Schools Representative)