

COMMONWEALTH OF MASSACHUSETTS

**Department of Education
School Business Services
Special Education Circuit Breaker Vendor Invoice Form
(For Private Residential Schools Only)**

LEA Code Number: _____

LEA District Name: _____

| Invoice # | SASID | Private School Program # | Private School | Month/Yr. | Total Monthly Amount | Monthly # Of Days |
|-----------|-------|--------------------------|----------------|-----------|----------------------|-------------------|
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Completed form should be mailed to (use additional sheets as needed):

Department of Education
School Business Services
Attn: Jean Girault
350 Main Street
Malden, MA 02148-5023

I certify that the attached private special education school invoices for services rendered to the students named above are accurate and can be processed for payment.

Signature: _____ **Title** _____

Print Name: _____

Date: _____ **Telephone No.:** _____

Contact Email Address: _____