

I hereby certify the information provided is accurate, these costs have not been previously billed or billed to another funding source, and this billing has been prepared in accordance with State Statute Section 79-215 and HHS regulations regarding the State Ward Education Program.

Signature:	Date:
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Official Name:	Title
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School System/Residential Provider Name:

Address:	City:	State:
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Grand Total Services Billed:	Grand Total of Number of Billings:
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