**Public School Unit Out-of-District Placement Reimbursement Invoice**

**for approved services provided during the 2024-2025 school year**

Invoices must be upload after all payments have been made for the 2024-2025 school year.

**Upload completed form to the Related Documents page of the Out-of-District application in NCCCIP.**

Use the student’s PowerSchool ID on the form and all related documents. Do not use the student name.

**From:**

|  |
| --- |
| **PSU Name:**  **PSU#:** **EC Director Name: EC Director Phone:** **Address:**  |

**Invoice is for educational and related services provided to:**

|  |
| --- |
| **NC Student ID (PowerSchool#):**  |

**Service Period:**

|  |  |  |
| --- | --- | --- |
|  | Start Date  | End Date |
| Summer 2024 Extended School Year (if applicable) |         |         |
| 2024-2025 School Year |         |         |

**Reimbursement requested for:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Services** | 1. **Contract**

**Unit Rate****(Per Day)** | **(2) Total** **Creditable Days (Cumulative)** | **(3)****Actual Amount Billed to PSU** |
| *Extended School Year (if applicable)* |        |     |       |
| *Residential Services (if applicable)* |       |     |       |
| *Educational Services* |        |     |       |
| *Related Services* |        |     |       |
|       |        |     |       |
|       |        |     |       |
|       |        |     |       |
| **Subtotal** |       |
| **PSU’s FY 2023-2024 Per Child ADM, State & Federal Child Count Funds (total can be located in the grant application)** | 0 |
| **Total (subtract ADM & Child Count Funds from Subtotal)*****Note: Reimbursement is estimated to be 50% of the Total*** |       |
| **Completed by NCDPI: Total Reimbursement from NCDPI** |  |

**Signature of Finance Officer certifying that the above information is correct.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finance Officer Date**