

ACS Payment Services - Special Payments Detail Sheet

STANDARD*

Provider Agency	Fiscal Year	Date
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	Child's Name (Last name, First Name)	CIN #	Date of Birth	Type of Service	Date of Service		Amount (\$)
					From	To	
1							
2							
3							
4							
5							
6							
7							
8							
9							

Updated July 2013

*This form may be used for various service types. Like service types must be grouped and subtotaled.

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CAMP FEES

Provider Agency				Fiscal Year	Date		
	Child's Name (Last Name, First Name)	CIN #	Date of Birth	Residential or Day Camp	Date of Service		Amount (\$)
					From	To	
1							
2							
3							
4							
5							
6							
7							
8							
9							

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CHILD CARE OUTSIDE OF NYC**

Provider Agency	Fiscal Year	Date
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	Child's Name (Last Name, First Name)	CIN #	Date of Birth	Child Care Provider Name, Address City & State	License Number	Date of Service		Rate	Amount (\$)
						From	To		
1									
2									
3									
4									
5									
6									
7									
8									
9									

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****See Special Payments Bulletin for Supporting Documentation requirements.**

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COLLEGE ROOM and BOARD*

Provider Agency	Fiscal Year	Date
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	Child's Name (Last Name, First Name)	CIN #	Date of Birth	Days Billed	Semester / Year	Date of Service		Amount (\$)
						From	To	
1								
2								
3								
4								
5								
6								
7								
8								

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TRANSPORTATION*

Provider Agency	Fiscal Year	Date
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	Child's Name (Last Name, First Name)	CIN #	Date of Birth	Date of Travel		Destination		One way Distance-Miles	Relationship to Person Visited	Purpose of Visit	Amount (\$)
				From	To	From	To				
1											
2											
3											
4											
5											

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*Out of state travel requires pre-approval by Case Management. See Special Payments Bulletin for details