<i>"</i>	STANDARD*							
F	Provider Agency	Fiscal Year	Date					
	Child's Name (Last name, First Name)	CIN#	Date of Birth	Type of Service		Service	Amount (\$)	
					From	То		
1								
2								
3								
4								
5								
6								
7								
8								
9								

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ACS Payment Services - Special Payments Detail Sheet

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

CA	AMP FEES						
Pr	ovider Agency	Fiscal Year	Date				
	Child's Name (Last Name, First Name)	CIN#	Date of Birth	Residential or Day Camp		Date of Service	
	omia o ramo (zast ramo, i not ramo)	3 114 #	Duto or Birtin	Treestatinial or Buy cump	From	То	Amount (\$)
1							
2							
3							
4							
5							
6							
7							
8							
9							
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A	ACS Payment Services - Special Payments De								
(CHILD CARE OUTSIDE OF NYC**								
F	Provider Agency	Fiscal Year Date							
	Child's Name (Last Name, First Name)	CIN#	Date of Birth	Child Care Provider Name, Address City & State	License Number	Date of From	Service To	Rate	Amount (\$)
1									
2									
3									
4									
5									
6									
7									
8									
		1	1		1			1	1

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**See Special Payments Bulletin for Supporting Documentation requirements.

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С	COLLEGE ROOM and BOARD*							
Р	rovider Agency	Fiscal Year Date						
	Child's Name (Last Name, First Name)	CIN#	Date of Birth	Days Billed	Semester / Year	Date of	Service	Amount (\$)
	Cilila S Name (Last Name, First Name)	CIN#	Date of Birth	Days Billed	Semester / Tear	From	То	Amount (\$)
1								
2								
3								
4								
5								
6								
7								
8								

*See Special Payments Bulletin for Supporting Documentation Requirements

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	TRANSPORTATION*											
I	Provider Agency					Fiscal Year				Date		
	Child's Name (Last Name, First Name)	CIN#	Date of Birth	Date o	f Travel To	Desti From	nation To	One way Distance-Miles	Relationship to Person Visited	Purpose of Visit	Amount (\$)	
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