

STATEMENT OF SERVICES RENDERED

(Provider completes and submits monthly)

Client's Name (Last, First, Middle): _____

Month and Year: _____

Attendant Care Interpreting Child Care Reading Note Taking Peer Tutoring

Day of the Month	Number of Hours Provided	Day of the Month	Number of Hours Provided	Day of the Month	Number of Hours Provided	Day of the Month	Number of Hours Provided	Day of the Month	Number of Hours Provided
1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
26		27		28		29		30	
31									

Total Hours: _____ **Hourly Rate:** _____ **Total Amount Due:** _____

For Child Care:

Total Half Days: _____ Half Day Rate: _____

Total Full Days: _____ Full Day Rate: _____

I certify that the numbers of hours/days listed on the Statement of Services Rendered were provided by me personally. This Statement of Services Rendered is presented for actual time spent in providing the agreed upon service. **This form is not an authorization for services and does not obligate AZRSA for payment of services.**

Provider Name: _____

Provider Address: _____

Provider Signature: _____

I certify that the number of hours/days listed on the Statement of Services Rendered were provided to me or were provided on my behalf.

Client Signature: _____