

REQUEST FOR PROPOSAL NO.: 07C-011BProject: **SPEECH AND LANGUAGE SERVICES** RFP No.: 07C-011B

Corporation Name: _____ Tax FEIN Number: _____

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, personally appeared, _____, ("Corporate Representative") this _____ day of _____, 200____, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage

C. Stock held for others and for whom held:

Name	Address	Percentage
For Whom Held	Address	Percentage
For Whom Held	Address	Percentage

CORPORATE REPRESENTATIVE

By: _____

SWORN TO and subscribed before me this _____ day of _____, 200____, by _____. Such person(s). (Notary Public must check applicable box):

[] is/are personally known to me. [] produced a current driver license(s). [] produced _____ as identification.

(NOTARY PUBLIC SEAL)

Notary Public_____
(Print, Type or Stamp Name of Notary Public)

**THIS IS ONLY A SAMPLE – NEW INVOICE WITH UPDATED LINE NUMBERS
PROVIDED AT OPENING OF EACH SCHOOL YEAR.**

SAMPLE INVOICE**MUST BE PRINTED ON YOUR COMPANY LETTERHEAD****(Use of this form is NOT required)****FOR SCHOOL DISTRICT USE ONLY**

SERVICES VERIFIED BY : _____

DATE: _____

FROM: _____

_____TO: The School District of Palm Beach County
Department of Exceptional Student Education
3378 Forest Hill Boulevard – Suite A203
West Palm Beach, Florida 33406

RFP/BID: _____

PURCHASE ORDER # _____

This invoice reflects services provided from _____ to _____ in the area(s) of:

- ☐ ACADEMIC SUPPORT
- ☐ SPEECH/LANGUAGE THERAPY
- ☐ OCCUPATIONAL THERAPY
- ☐ PHYSICAL THERAPY
- ☐ OTHER _____

INSTRUCTION / THERAPY

TYPE	INVOICE #	LINE NUMBER	HR RATE	HRS WKD	TOTAL
PRE-K		0000 0000 0000 000000 0000 000			
K – 12		0000 0000 0000 000000 0000 0000 000			
PRIVATE		0000 0000 0000 000000 0000 0000 000 2008			
SUBTOTAL					

DIAGNOSTICS

TYPE	INVOICE #	LINE NUMBER	HR RATE	HRS WKD	TOTAL
DIAGNOSTIC		0000 0000 0000 000000 0000 0000 000 2008			
SUB TOTAL					

TOTAL HOURS WORKED: _____

HOURS SUBMITTED TO MEDICAID: _____

HOURS BILLED TO SCHOOL DISTRICT: _____

AMOUNT DUE: _____

(attach supporting documents, i.e. time sheets, logs, etc.)

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