Uniform Tuition Billing Invoice for Transition Services

Purpose: This invoice is for the district providing transition services for general education (referred to as the transitioning district on this form) to bill the serving district for the time that the student was transitioning from the serving district to the transition district. In some cases, the transition district may be the resident district or it could be a "second serving district" for the purposes of transitioning from a care and treatment program back to the district of residence. During the transition time, the serving district will report the student as enrolled in the Minnesota Automated Reporting Student System (MARSS). The transition district needs to bill the serving district for the general education revenue per pupil unit for the hours that the student received the transition services. This form is to be completed by the transition district and sent to the serving district for payment.

Instructions

- Complete the information required below including serving district, transition district, student, hours of transitioning, etc.
- Determine the hourly general education revenue per pupil unit rate for the resident district from the spreadsheet available on the Minnesota Department of Education website after September 15, following the close of the fiscal year.
- Complete the calculation for the number of hours of transition services and mail the invoice to the serving district.
- **Do not** send a copy to the Minnesota Department of Education.

School Year: _____

(From) Transitioning District Name: _____

District Number and Type: _____ Address: _____

(To) Serving District Name: _____

District Number and Type: _____ Address: _____

Learner Information

Last Name: _____ First Name: _____ MI: _____

MARSS Student ID # _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____

Pupil Weighting Factor: _____ Primary Disability Code: _____ School Facility: _____

Dates of Transition Service: From: _____ To: _____ Total Hours of Transitioning Services: _____

Total Hours of Transitioning Services

1. Resident District General Education Revenue Rate per Hour (excluding: basic skills, sparsity and alternative compensation)	2. Pupil Weighting Factor*	3. Total Number of Transition Hours Provided	4. Total General Education for Transition Services (Column 1 x 2 x 3 = 4)

***Weighting Factors**: **ECSE: 1.0 Kindergarten Disabled: 1.0 Grades 1-6: 1.0 Grades 7-12: 1.2

**Early Childhood Special Education

Total General Education Revenue to be Paid by Serving District: $ _____

Transitioning District Verification of Services Provided

I hereby verify that the information provided on this invoice is accurate and that records are on file to substantiate all data:

Signature	Title	Phone	Date Printed
Contact Person	Title	Phone	Payment Due Date