

**Uniform Tuition Billing Invoice for Transition Service**

**PURPOSE:** This invoice is for the district providing transition services for general education (referred to as the Transition 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 on 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's 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.

**(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 #: Grade:

Date of Birth: Gender: Age:

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 Per Pupil Unit (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: 1.250 Kindergarten Disabled: 1.000 Grades 1-3: 1.115 Grades 4-6: 1.000 Grades 7-12: 1.300

**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