# Indicator 14 Survey Billing Form

**School District:**

_____

**Name of school staff conducting and entering data:**

_____

**Number of completed and entered Surveys:**

_____

**Name of Coordinator if more than 50 surveys were completed and entered:**

_____

**Signature:**

_____

**Mailing Address:**

_____

**Phone Number:**

_____

**Date:**

_____