

Post-School Outcome (PSO) Billing Form

*Each individual who completed tasks on the PSO survey should submit a billing form.
A check will be mailed to the address provided on this sheet.*

**Email completed forms to Leandra Vigil: levigil@nmhu.edu or FAX to: (505) 454-1473*

District: _____
Name: _____
Mailing Address: _____
City: _____
State: _____
Zip Code: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Type of Service (*check all that apply*):

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Interviewer | <input type="checkbox"/> Other: _____ |

Tasks Completed (*Include only work you supervised or completed*):

_____ Number of Tier 1 Surveys Completed

_____ Number of Tier 2 Surveys Completed

_____ Number of Total Surveys You Entered Into Database