OFFICE USE ONLY
NOTE: DO NOT Process without Initials of Purchasing Official.
_____SPEC ED
_____CAREER & TECH ED
_____BUSINESS OFFICE
_____Purchasing Official

**Accounting Code:__ _____**

**Total Days:_____**

**Total Dollars:_____**

**TRS#:_____**

**ERS#:_____**

**HAMILTON-FULTON-MONTGOMERY**
**BOARD OF COOPERATIVE EDUCATION SERVICES**
**2755 ST HWY 67**
**JOHNSTOWN, NY 12095**
**(518) 736-4681**

**NAME: _____ _____**

**STREET: _____**

**CITY, STATE, ZIP: _____ _____**

**Class/Program/Workshop:_____**

**PER DIEM PAYROLL**

| DATE | DESCRIPTION & TIME | #DAYS | PER DAY $ | TOTAL |
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This is to certify that the services and/or materials included in the above claim have been actually performed, furnished or delivered to the above named BOCES Board of Education and that the charges, therefore, are true and just and that no payments have been made, therefore, except as included herein. I do further swear under penalty of perjury that this is correct, and if false statements are made, I will have committed a crime.

_____ _____
DATE SIGNATURE OF APPLICANT

_____ _____
DATE AUTHORIZED APPROVAL