

OFFICE USE ONLY  
 NOTE: DO NOT Process without  
 Initials of Purchasing Official  
 \_\_\_\_\_ SPEC ED  
 \_\_\_\_\_ CAREER & TECH ED  
 \_\_\_\_\_ BUSINESS OFFICE  
 \_\_\_\_\_ OTHER

**HAMILTON-FULTON-MONTGOMERY BOCES**  
 2755 ST HWY 67  
 JOHNSTOWN, NY 12095  
 (518) 736-4310

%	BUDGET CODE	HOURS	DOLLARS

TRS# \_\_\_\_\_  
 ERS# \_\_\_\_\_

**TOTAL**

**PER HOUR PAYROLL**

NAME: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PROGRAM/CLASS: \_\_\_\_\_

*An employee who works a shift of more than six hours, which extends over the noontime meal period, is required to take a 30-minute meal break.*

DATE	PURPOSE	TIME START	TIME END	#HRS	PER HR	TOTAL
<b>GRAND TOTAL</b>						

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  
 \_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF APPLICANT  
 \_\_\_\_\_  
 AUTHORIZED APPROVAL

Must be signed on or after  
 applicant's last date claimed on  
 this form.