

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

TRS# _____

ERS# _____

TOTAL

%	BUDGET CODE	HOURS	DOLLARS

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 noonday meal period,
 is required to take a 30-minute meal break.*

DATE	PURPOSE	TIME START	TIME END	#HRS	PER HR	TOTAL
GRAND TOTAL						

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

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

 DATE

 AUTHORIZED APPROVAL