

OFFICIAL'S VOUCHER

School Name: SHERBURNE-EARLVILLE

CBO District Code: 785-2855-440-15-00

BOCES ID#:

Name of Claimant:

Address: (please print) ~ -

Address change
(Please check box)

SPORT: - PLEASE CIRCLE BELOW CHARGES:

Game Date: - BOYS GIRLS Game Fee:

Opponent: - Varsity .TV Modified Extra Fee:
(Tournament, Extra Qtr., Ect.)
Mileage (one way)
_____ X.90:

This referee is (circle one) certified | not certified
If there are special circumstances for this game,
Please note here:

(# Of Miles)
TOTAL \$__--

OFFICIAL MUST SIGN TmS CERTIFICATE: This is to certify that the material and/or services charged and included in the above claim amounting to \$ _____, have been actually performed for, furnished, and/or delivered to the above named BOARD OF EDUCATION; that the charges therefore are true and just, and that no payments have been made therefore except as included therein.

SIGNATURE OF OFFICIAL. _____ DATE

APPROVEDBY: _____ DATE
School District Official

I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate and that the work has been completed *and/or* the materials delivered satisfactorily.

BOCES AUDITING OFFICIAL

09/10 PAYMENT SCHEDULE

Forms submitted by: Payment Date Forms submitted by: Payment Date

9/15/09	10/2/09		02/16/10	03/05/10
10/20/09	11/6/09		03/16/10	04/09/10
11117109	12/4/09		04/20/10	05/07/10
12/22/09	01/8/10		05/18/10	06/04/10
01119110	02/05/10		06/22/10	6/30/10

For questions regarding payment, please call the Central Business Office, DCMO BOCES at (607) 335-1389

