

Send Completed Invoice to:
 ONC BOCES - Payroll
 PO Box 382
 Grand Gorge, NY 12434

Casual Employee Invoice



Casual Employee

Date:

Name

Address

City State Zip

Phone Number

E-Mail Address:

Retirement Membership#:

NYS Teachers' Retirement System (TRS) or NYS & Local Employees' Retirement System (ERS)

Not a Member Retired On File with payroll

Date of Membership:

Checklist for Payment - (Payroll)

- Original Completed Invoice
- I-9 (Required once along with acceptable documentation)

Must Provide I-9 & W-4 & IT-2104

Effective Date of Employment:

Board Approval Date:

Description of Service:

- Curriculum Writing Workshop Presenter Workshop Participant
 Stipend Other:

Indicate dates & hours worked. Check below if claimant is to be paid on a per-diem basis or hourly.

- Hourly
 Per-diem

<u>Day</u>	<u>Date</u>	<u>From</u>	<u>To</u>	<u>Total</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Casual Employee Signature _____

Submit Invoice to Department for which the service was completed.

For BOCES Office only:	Rate of Pay: <input type="text"/>	
<input type="text"/>		<input type="text"/>
Budget Code		Approval for Payment/Program Leader