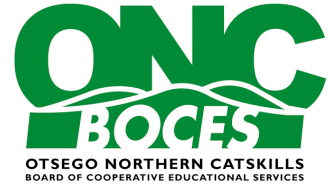


Submit Completed Invoice to:
 ONC BOCES
 PO Box 382, 2020 Jump Brook Road
 Grand Gorge, NY 12434

**Consultant
 Invoice**



CONSULTANT

Date: _____

Name: _____

Address: _____

Phone: _____

Federal Tax ID # _____

Purchase Order # _____

BOCES Office Only:

Check List for Board Approval

- Original Completed Contract
- Completed Personnel Process Form

Check List for Payment- (Accounts Payable)

- Original Completed Invoice
- Original Completed Contract
- Purchase Order for Payment

Board Approval Date: _____

Description of Service:

- Stipend
 Curriculum Writing
 Workshop Presenter
 Workshop Participant
 Other: _____

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

- Hourly
 Per-diem

<u>Date</u>	<u>From</u>	<u>To</u>	<u>Total</u>
Total Days/Hours			_____

Consultant Signature: _____

For BOCES Office Only:

Budget Code

Approval for Payment/Program Leader