

Study Grant Claim Form



Name

Address

City State Zip Code

Date

School Year

Semester

Item	Amount
Tuition	
Books	
Travel	
Mileage @ current negotiated Rate - _____ # of Miles	
Other Expenses (Must Itemize):	
Total	

Please refer to your contract or policy for details of reimbursement - Not all items listed are reimbursable

BY CHECKING THIS BOX I AM VERIFYING THAT ALL ITEMS LISTED ARE ACCURATE

For Office use Only:

Approval of Payment: _____

Budget Code: _____

Human Resources Coordinator: _____

Date: _____

Grades

Receipts

Submit Completed Form To:

Human Resources
 ONC BOCES-NCOC
 PO Box 382-2020 Jump Brook Road
 Grand Gorge, New York 12434
 (607) 588-7022 Fax
 (607) 588-6291 Ext 2177 or 2178