



Casual Employee Invoice 2016-2017
Curriculum, Instruction and Technology

Name _____

Address _____

Home Phone _____

Table with 6 columns: Date, Audience, District, Hourly/Daily rate of pay, Total # of Hours/Days, Description of Service

Total Amount \$ _____

(Expenses, if any, as per contract agreement must be submitted to Nassau BOCES Department for which the service was provided within 15 days.)

Casual Employee Signature: _____ Date: _____

Obtain District Signature: Authorizing person must complete the reason for payment below

- BOCES Program: Educational instruction to children
Performing a substantial portion of duties of a full-time school administrator

District Authorization: Please print/stamp _____

District Authorizing Signature: _____ Date: _____

For Nassau BOCES Office Use Only: DNB Reason: _____

Budget Code: A-507-6211-148 A-409-5877-148 A-534-6368-148

CIT Supervisor's Signature _____ Date _____