nassau BOCES

Residential Overnight Supervision/Deposit Form

Return this form to:
Nassau BOCES/ Outdoor Education
One Merrick Ave, Westbury, NY 11590
Email or scan and to:
yherrera@nasboces.org
Fax: 516-333-6432

BOCES Use Only:
Trip ID#_____
Req #:_____
PO#:_____
Rcpt #:_____

Name of District _____

Name of School _____

Name of Resident Center _____

Dates of Program _____

Name of Overnight Supervisor/Teachers	Per Day rate	# of Nights	Total Amt. to be Paid
Initial deposit if applicable			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
TOTAL:			$ 0.00

PO Request District Approval:_____
Date

_____
Print Name/Title

_____
Signature

Final Approval to Pay: _____
Date

_____
Print Name/Title

_____
Signature