

Residential Overnight Supervision Form

Name of District _____

Name of School _____

Name of Resident Center _____

Dates of Program _____

Return this form to:
Nassau BOCES/ Outdoor Education
 71 Clinton Rd., P.O. Box 9195
 Garden City, NY 11530-9195
 Fax: 516-333-6432. Or scan and
 email to: c james@nasboces.org

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

Name of Overnight Supervisor//Teachers	Per Day rate	# of Nights	Total Amt. to be Paid
TOTAL:			

<p>PO Request District Approval: _____ <div style="text-align: right; margin-left: 200px;">Date</div></p> <p>_____</p> <p style="text-align: center;">Print Name/Title</p> <p>_____</p> <p style="text-align: center;">Signature</p>	<p>Final Approval to Pay: _____ <div style="text-align: right; margin-left: 200px;">Date</div></p> <p>_____</p> <p style="text-align: center;">Print Name/Title</p> <p>_____</p> <p style="text-align: center;">Signature</p>
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