

CROSS CONTRACT REQUEST

School Year:

PART I - To be completed by the district requesting the cross contract

School District Requesting Service:

Address (Street, City, State, Zip):

Service Requested:

From (name of BOCES providing service):

NOTE: Signature indicates availability of funds in the district budget to pay for said request §1950 4d.

Estimated Cost \$

Date:

Superintendent of Schools Signature

FORWARD ALL COPIES TO YOUR LOCAL BOCES DISTRICT SUPERINTENDENT
ATTACH ALL NECESSARY ADDITIONAL INFORMATION -- i.e., numbers, names of participants, etc.)

PART II - To be completed by the LOCAL BOCES District Superintendent

NERIC SERVICES

It is hereby requested that cross-contract arrangements be made with the

BOCES to provide the service listed above.

Date:

Local BOCES District Superintendent's Signature Dr. Catherine Huber

BOCES Name:

FORWARD ALL COPIES TO THE
DISTRICT SUPERINTENDENT OF THE
PROVIDING BOCES

BOCES Address:

PART III - To be completed by the District Superintendent of the BOCES providing the service

Co-Ser # Activity Service Code (if applicable)

Title of Service

Basis for charge (please check one) % COMBINED RATE
 FTE PER PUPIL/UNIT: \$
Title of Service RWADA

Estimated Charge: \$ Other:

Date:

District Superintendent's Signature of Providing BOCES

PLEASE PROCESS AS FOLLOWS: This form is designed to be utilized by Districts for requesting services from BOCES other than their local BOCES. When all appropriate information & signatures have been obtained, the providing BOCES shall distribute copies as follows:
Providing BOCES Program Administrator / Requesting BOCES Business Administrator / Requesting Superintendent of Schools