

GST BOCES WORKSHOP

NAME: _____ DATE: _____

Please use this form to receive compensation for any GST BOCES workshop approved
by your grade level Principal or the Superintendent.
(Pay will be based on the current contract rate)

Date	Total Hours (less lunch)	Workshop Attended

Affidavit:

this is to certify that the services charged and included in the above claim have been actually performed for and/or delivered to the Avoca Board of Education; that the charges therefore are true and that no payments have been made therefore except as included herein.

Employee Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

OFFICE USE ONLY

PAY PERIOD: _____ PAY DATE: _____ AMOUNT: _____