

CLAIM FORM

Fingerprinting Reimbursement – Substitute Personnel



BOARD POLICY: The Cayuga-Onondaga BOCES will reimburse the fee for fingerprinting for the following group of employees after completing ten (10) working days of employment in the 20____ - 20____ school year.

Substitute Teacher
Substitute Custodian

Substitute Aide
Substitute Secretary

Substitute Day Care Worker

Name and Address of Claimant

Date of Claim _____

Social Security # _____

For Office Use Only
Vendor # _____ P.O.# _____
Budget Code _____
Director's Approval _____
Purchasing Official's Approval _____

List dates you substituted as a BOCES employee (month, day, year) **and attach proof of payment**

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

Fingerprinting fee to be reimbursed \$ _____

ATTESTATION: *By signing this claim form, the employee asserts that the information provided* is true to the best of his/her knowledge. The employee attests that this is a request for reimbursement of the fingerprinting fee, that he/she has not received previous reimbursement for this expense and will not seek reimbursement for this expense from any other source.

Signature and Title of Claimant

Date

Return this form to: Purchasing Official at the BOCES Business Office
1879 West Genesee Street Road
Auburn, NY 13021-9430