



Residential Overnight Supervision/Deposit Form

Name of District _____

Name of School _____

Name of Resident Center _____

Dates of Program _____

Return this form to:

Nassau BOCES/ Outdoor Education
One Merrick Ave, Westbury, NY 11590
cgjlarowski@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
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
			\$ 0.00
TOTAL:			\$ 0.00

PO Request District Approval: _____

Date

Print Name/Title

Signature

Final Approval to Pay: _____

Date

Print Name/Title

Signature