

# 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

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