

**CATTARAUGUS/ALLEGANY BOCES
BOARD OF COOPERATIVE EDUCATION
1825 WINDFALL ROAD
OLEAN, NY 14760
716-376-8200**

CONSULTANT EXPENSE VOUCHER

Name: _____
 Address: _____

 Social Security #: _____

<u>Business Office Use Only</u>	
Claim #	_____
Vendor #	_____
Amount \$	_____
Account	_____

Nature of Services Rendered: _____

<u>Date(s) of Service</u>	<u>Time</u>	<u>Number of Hours</u>
_____	_____	_____
_____	_____	_____

Rate Per Hour \$ _____ Amount of Fee* \$ _____

(*Fees must include all expenses required to provide the requested service.)

School/Firm Name: _____

Consultant Signature: _____ Date: _____

Verification of
 Completion of Contract: _____ Date: _____

Board Approval Date: _____ PO # _____

I certify that this claim has been rendered in accordance with the contract or agreement and that the work has been completely satisfactory. I further certify that the appropriate applications and paperwork have been filed to allow employing this consultant.

Director's Signature/Approval _____ Date: _____

Budget Code: _____