

Adjustment to Services Contract OCM Component School Districts

Return to: Onondaga-Cortland-Madison BOCES
P.O. Box 4754
Syracuse, NY 13221
Attn: Suzanne Slack
Assistant Superintendent for Administration

For: _____ Central School District

Date: _____

Initiated by: _____ (School District Contact)
_____ (OCM BOCES Contact)

Description of adjustment to existing service

<u>Service/ Sub Service Code:</u>	<u>Quantity:</u>	<u>Unit Cost:</u>	<u>Total Amount</u>
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I certify that the services listed above have been requested by my district and that the cost of services have been budgeted and authorized by the Board of Education and I am authorized to sign this contact.

If appropriate, please check box:

- This service is not eligible for BOCES Aid due to payment from a special funding source.**

School Superintendent or Designee

Date

OCM BOCES District Superintendent/Designee

Date

If you have any questions, please call the OCM BOCES program administrator responsible for the service being adjusted or the Assistant Superintendent for Administration.

To be completed by OCM BOCES

<u>Service #</u>	<u>Current Contract Amount</u>	<u>Adjustments</u>	<u>Revised Contract Amount</u>

(A copy of this document will be supplied with next billing)