



Monroe 2-Orleans Board of Cooperative Educational Services

CROSS CONTRACT FOR BOCES SERVICES

This form is to be used by districts for requesting BOCES services from BOCES other than their local BOCES.

PART I: To be completed by district requesting cross contract

District Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

School Year: 2012 - 2013

Name of service requested: MasterMinds

Potential BOCES Provider: Monroe 2- Orleans Estimated Cost: _____

School Superintendent Signature Date

(Forward to local BOCES District Superintendent)

PART II: To be completed by local BOCES District Superintendent

It is requested that cross-contract arrangements be made with _____ BOCES to provide the service listed above.

Local BOCES: _____

Local BOCES District Superintendent Signature Date

(Forward to District Superintendent of providing BOCES)

PART III: To be completed by BOCES District Superintendent providing cross-contracted service

Name of service: _____
CO-SER # _____
Activity Code # _____
Estimated Charge: _____

District Superintendent of providing BOCES Signature Date

After approval distribute completed and signed copies of this form to:

- Providing BOCES
- Providing BOCES Administrator
- Requesting BOCES District Superintendent
- Requesting School Superintendent