HOLLEY CENTRAL SCHOOL DISTRICT
Board of Education
3800 North Main Street
Holley, New York 14470

Standardized Rate Claim Form

Date:

NAME:

Quantity	Description	Unit price	Total amount
	Please check the rate that applies for 2025/2026: HTA Appendix A-2 o Instructional $45.00/hour o Professional $35.00/hour o Supervisory $30.00/hour Briefly explain the work/service performed: DATES: Exact Start time:_____ Exact End time:_____ = _____hrs. **All Claim forms must be submitted by the last teacher work day in June within the same fiscal year the work was performed!**		

VENDOR MUST SIGN THIS CERTIFICATE

This is to certify that the materials and/or services charged and included in the above claim amounting to the total indicated have actually been performed for, furnished, and/or delivered to the Holley Central School Board of Education, that the charges are true and just, and that no payments have been made therefore except as included therein.

Signature of Vendor _____ Date _____

APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM

I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate and the work has been completed and/or material delivered satisfactorily20

_____ _____
Signature of School Official Date

RECOMMENDED BUDGET CODING

Budget Account Code	Amount

APPROVAL OF PURCHASING AGENT

The above referenced claim is hereby authorized as an obligation of the Holley Central School District in accordance with the policies and procedures of the Board of Education.

_____ _____
Signature of Purchasing Agent Date