DUTCHESS COUNTY BOCES EXPLORATORY ENRICHMENT VENDOR CLAIM FORM

Submit this form by fax or email to:
Maria DeWald, Exploratory Enrichment Coordinator
5 BOCES Rd, Poughkeepsie, NY 12601
845-486-4840, X 3010  845-483-3648 (Fax)  maria.dewald@dcboces.org

Provider Information: Please enter the name of the person for whom the check will be issued. The
information provided on these lines must exactly duplicate the information on the original, signed contract
and W9.
Vendor or Organization: _____________________________
Address: _________________________________  City/State ______________  Zip: ________
Phone: _______________________  E-mail/website __________________

Program Information:
District: _________________  School: _________________
Date of Program: ______________________
Title of Program: ____________________________________________________

Payment Due Vendor:
Fee: _________________________

This Exploratory Enrichment program was completed as described in the original signed contract
and as confirmed by signature below. Please remit payment.

Vendor Signature: _____________________________  Date: __________________

Affirmation of Completed Program: Please have an administrator, Exploratory Enrichment Coordinator
or participating teacher verify and sign that the program has been completed.
Name: ____________________________
Title/Position: ____________________________
School: ____________________________
Signature: ____________________________

No payment can be made without this form. In addition, checks will not be sent without the
original, signed contract, invoice and a current W9 form. Every effort shall be made to remit
payment within 45 days of receipt of this form unless other arrangements have been made.

*Optional Comments by the vendor may be listed on the back of this form
**Optional Comments:**

**Vendor’s Comments:**

1. Please discuss the positive and negative aspects of your experience as a vendor in this school.

2. What recommendations do you have regarding improving this school setting to enable you to offer more of your expertise to students and teachers?

3. Please include any comments regarding student reactions to your program.

4. Other Comments:

**Teacher/Administrator:**

1. Where the goals of this program satisfied? How?

2. Do you feel this program supported student learning and the academic standards listed on your contract?

3. Would you recommend this program/visit/field trip/workshop to other districts?

4. Are there suggestions to the vendor for improvement?

6. Do you feel this program provided a richer understanding of the appropriate discipline and should be approved again under the Exploratory Enrichment Co-Ser?

7. Other Comments: