

ARDSLEY UNION FREE SCHOOL DISTRICT  
500 Farm Road  
Ardsley, New York 10502

**SUMMER CURRICULUM CLAIM FORM**

**CO-TEACHING PLANNING**

**Budget Code: A2010.144.05.000**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**In order to process this claim, please complete the following information:**

**Co-Teaching Planning:** Name of Co-Teacher: \_\_\_\_\_

<b>Dates Worked</b>	<b>Hours Worked (i.e. 9:00-12:00)</b>	<b>Number of Hours (i.e. 3)</b>	<b>Rate/Hour</b>	<b>Total (\$ figure)</b>

**Total** \_\_\_\_\_

**Submit by September 1<sup>st</sup>**

\_\_\_\_\_  
Signature of Claimant Date

\_\_\_\_\_  
Signature of Principal Date

\_\_\_\_\_  
Signature of Director of Curriculum & Instruction Date

\_\_\_\_\_  
Signature of Purchasing Agent Date