

GENERAL INSTRUCTIONS: Complete this form in pen or by typewriter. One (1) completed copy of this schedule should be filed with the State Aid Unit for each note which is directly related to an approved building project. This form should be completed EACH school year for EACH NOTE sold or renewed. AID ON THESE PAYMENTS SHOULD BE CLAIMED ON FORM SA-109. This schedule should be submitted along with the SA-109 as soon as possible but not later than March 1 of each year.

**THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF MANAGEMENT SERVICES
STATE AIDED PROGRAMS
WEST HALL #507, EDUCATION BUILDING
ALBANY, NEW YORK 12234**

BOND ANTICIPATION NOTE SCHEDULE

**SA-135 (BOCES)
(6/02)**

Name of District: _____ District Code: _____

County: _____ BOCES: _____ BOCES Code: _____

1. Original Issue
Voter Authorization Date _____

| AMOUNT | DATE | INTEREST RATE | DEPT. USE |
|--------|------|---------------|-----------|
| | | | |

2. Accrued Interest Received \$ _____ Premium Received \$ _____

3. Renewals

1st Renewal
2nd Renewal
3rd Renewal
4th Renewal

| AMOUNT | DATE | INTEREST RATE | DEPT. USE |
|--------|------|---------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

4. Current Year Payments Paid (or anticipated) from Budgetary Appropriations

| PRINCIPAL | DATE |
|-----------|------|
| | |

| INTEREST | NO. OF DAYS* | DATE |
|----------|--------------|------|
| | | |

* If less than a full year

5. Amount of Note to be Redeemed from Sale of Bonds \$ _____

6. Project(s) included in this BAN

| PROJECT NAME | PROJECT NO. | AMOUNT OF VOTER AUTH. | AMT. OF BAN FOR EACH PROJECT |
|--------------|-------------|-----------------------|------------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| TOTAL | | | |

I hereby certify that the information contained in this schedule is true and correct to the best of my knowledge, information and belief.

Date: _____ Signed: _____
(Superintendent of Schools)

School official to be contacted regarding this form.

Name: _____ Tel. No.: _____