**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**

**AMORTIZATION SCHEDULE FOR BUILDING**
**BOND ISSUES OR CAPITAL NOTES**
**SA-132 (BOCES) (7/17)**

Name of District: _____    District Code:_____

County:_____    BOCES:_____    BOCES Code:_____

Total Amt. Of Original Bond Issue $_____    Date Bonds Sold _____    Bonds Dated _____

Total Amt. Of Bond Authorization $_____    Date of Voter Authorization _____
Check here if financed through DASNY _____    Date of Board Authorization _____

Rate of Interest _____%    Length of Schedule _____yrs.    Date Bond Money Received_____

Amt. Received Upon Delivery of Bonds: Total    $_____    Bonds    $_____
Accrued Interest    $_____    Premium    $_____

Check here if refunded_____    Amount of orig. Bond issue $_____    Date orig. Bond sold_____

Amount of Bond Anticipation Notes Issued in anticipation of this Bond:
Bond Anticipation                                                              Amt. Redeemed
Note: $_____    Date Issued: _____    from general or
　　　　(Amount of Notes)                                                          reserve fund    $_____

List below each project separately and identify each project by project code number (seven digits from SA-4).

| Project Number | | | | | **TOTAL** |
|---|---|---|---|---|---|
| Project Name | | | | | |
| Amount of This Bond for BOCES Each Project | | | | | |
| Authorization-Budgetary Appropriations* | | | | | |
| Authorizations-Capital Reserve | | | | | |
| Authorizations-Obligations | | | | | |
| Total Authorizations | | | | | |
| Date General Contract Awarded | | | | | |
| *Indicate Amount Included Above For: | | | | | |
| 　　Federal Aid | | | | | |
| 　　State Aid (Specify) | | | | | |
| 　　Insurance Recovery | | | | | |

　　　　I hereby certify that the information contained in this report (including the schedule completed on the reverse side) is true and correct to the best of my information, knowledge and belief.

Date: _____    Signed: _____
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(Superintendent of Schools)

**BOND SCHEDULE:  COMPLETE ALL COLUMNS**

| School Year | Interest Rates | Principal Payments | | Interest Payments | | Total Debt Service Paid On Issue During School Year | Principal Amount Outstanding On Issue at Close Of School Year |
|---|---|---|---|---|---|---|---|
| | | Date | Amount | Date | Amount | | |
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