

**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)  
(1/11)**

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

1<sup>st</sup> Renewal  
2<sup>nd</sup> Renewal  
3<sup>rd</sup> Renewal  
4<sup>th</sup> Renewal

AMOUNT	DATE	INTEREST RATE	DEPT. USE

4. Principal/Interest to be paid when BAN or BAN Renewal matures.

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.: \_\_\_\_\_