Supervisory District No.____________________

County of _______________________________

ANNUAL FINANCIAL AND STATISTICAL REPORT
OF
THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES

For the Year Ending **June 30, 2022**

FILING INSTRUCTIONS: One copy of this report should be filed with the Office Of the State Comptroller, Division of Local Government and School Accountability, 110 State Street, 12th Floor, Albany, NY 12236, by **August 31, 2022**.

AUTHORIZATION
*Article 3, Section 30 of the General Municipal Law*

3. An annual report of financial transactions shall be made by the treasurer of ***each board of cooperative educational services established pursuant to Section 1950 of the Education Law.***

5. All reports shall be certified by the officer making the same and shall be filed with the comptroller within sixty days after the close of the fiscal year of such ***activity***. Every such officer shall also, within sixty days after the expiration of his term of office, or his resignation or removal therefrom, make a report to the comptroller of the financial condition of ***activity*** on the date of the expiration of his term of office, or his resignation or removal from office, as the case may be. The refusal or willful neglect of such officer to file a report as herein prescribed shall be a misdemeanor and subject the financial officer so refusing or neglecting to a penalty of five dollars per day for each day’s delay beyond the sixty days to be paid on demand of the comptroller.

CERTIFICATE OF TREASURER OF BOARD OF COOPERATIVE EDUCATIONAL SERVICES

*I, ________________________________, do hereby certify that I am the Treasurer of the Board of Cooperative Educational Services for which this report is being made; and that the report is a true and correct statement of the financial transactions of the cooperative board for the fiscal year ended **June 30, 2022**, as shown by the Official records of said board.*

Signature______________________________

PO Address__________________________________________________________

Date__________________________