OFFICIALS CLAIM FOR SERVICES RENDERED

OFFICIAL'S # _____ **SPORT:** _____ **YEAR:**_____

PHONE: _____ **S.S. #:** _____

NAME:

(Print or Type Name of Claimant or Vendor)

Street and Number:

(Print or Type)

City, State & Zip:

(Print or Type)

Date Filed

Claim No.

CLAIM #
(Assigned by Purchasing Dept.)

Date

Vendor Number

502-6114-448

GRAND TOTAL

DATE	LEVEL	FEE	SITE OF CONTEST		DATE	LEVEL	FEE	SITE OF CONTEST

_____ Contests @ _____ = $_____

_____ Contests @ _____ = $_____

_____ Contests @ _____ = $_____

_____ Contests @ _____ = $_____

_____ Contests @ _____ = $_____

_____ Contests @ _____ = $_____

_____ Contests @ _____ = $_____

_____ Contests @ _____ = $_____

GRAND TOTAL

$

I hereby certify that I understand I am an independent contractor in regard to NCPHSAA, Section VIII, Nassau BOCES and NYSPHSAA,or any of its subdivisions and in no way does an employer-employee relationship exist. As the claimant I assume all tax liabilities.

SIGNATURE OF OFFICIAL: **DATE:**

I hereby certify that this claim for services rendered is correct as indicated.

APPROVED:

PROGRAM/DEPARTMENT ADMINISTRATOR

INTERNAL AUDITOR