

Vendor No.

BRUNSWICK (Brittonkill/Tamarac) CENTRAL SCHOOLS
3992 NY 2
Troy, NY 12180

OFFICIALS CLAIM FORM

Please complete form and signatures in ink and print legibly as check will be issued based on information provided.
If form is not completely filled out and signed it will be returned to you, which will delay your payment.

Name: _____
Address: _____

City: _____
State: _____ Zip: _____
 My address has changed since my last claim
Phone: _____

First time claim only – full Social Security number is required
_____-_____-_____
 Have previously received a check from District – only last 4 digits are required
XXX-XX-_____
Officials Fee \$_____._____
Travel Allowance \$_____._____
TOTAL CLAIMED \$_____

Event Date: _____ Tamarac vs. _____

Girls Boys **Level** Varsity Junior Varsity Modified
 Home Game Away Game

I acknowledge that I have been fingerprinted pursuant to the NYS Commissioner of Education's Regulations, have received clearance from the NYSED, and have not received notice from the NYSED of any subsequent arrests.

Sport _____

Signature of Claimant

Approved by:

Administrator Date _____ Code A _____ - _____ - _____ - _____

I certify that this claim has been rendered in accordance with the contract, agreement, accepted estimate or policies in effect, and that the claim has been verified as true and correct.

Purchasing Agent Date _____