

SALMON RIVER CENTRAL SCHOOL DISTRICT
 AT
 FORT COVINGTON, NEW YORK 12937

CLAIM FORM -- COACHING

This is to certify that I, _____

Social Security No. _____ have coached the following sport:

_____ during the _____ school year.
 (sport) (year)

PAYROLL INFORMATION:			
Step: _____	# of weeks: _____	Dates: _____ - _____ (From) (To)	
Salary Base: _____	x length % _____	=	Total Salary _____
\$ _____	x _____ %	=	\$ _____
TAX BASIS (Please check one!!):			
Reg: _____	Mo.: _____	Qtr'ly: _____	

Date: _____ Signed: _____

Address: _____

Approved: _____
 (Athletic Director)

FOR BUSINESS OFFICE USE ONLY

Amount: _____	Code: _____
Amount: _____	Code: _____
Amount: _____	Code: _____
Amount: _____	Code: _____
Amount: _____	Code: _____

Authorized: _____
 (Purchasing Agent)