

SALMON RIVER CENTRAL SCHOOL DISTRICT
 Fort Covington, New York 12937
 CLAIM FORM – REFEREE

NAME OF CLAIMANT: _____
 (LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY, STATE, ZIP: _____

SOCIAL SECURITY NO: _____ - _____ - _____ DATE OF SERVICE: ____/____/____

SPORTING EVENT: _____ BOYS		_____ GIRLS	
_____ CROSS COUNTRY	_____ BASKETBALL	_____ BASEBALL	
_____ SOCCER	_____ HOCKEY	_____ SOFTBALL	
_____ SWIMMING	_____ LACROSSE	_____ OTHER (identify) _____	
_____ VOLLEYBALL	_____ TRACK		
_____ VARSITY	_____ JV	_____ MODIFIED	SRCS vs. _____

OFFICIAL'S STATUS: _____ Active _____ Probationary

AMOUNT DUE:

_____ X _____ = _____ Mileage
 (No. of Miles) (Cost per mile)
 + _____ Fees

MILEAGE:

DESTINATION TO: _____ + _____ Fees

FROM: _____ = _____ TOTAL DUE

I hereby certify that I provided the above services.

SIGNED: _____

DATE: _____

TO BE COMPLETED BY BUILDING PRINCIPAL, DIRECTOR, OR ADMINISTRATOR

I hereby certify that the services relating to the above claim have been rendered satisfactorily.

Date: _____ Approved: _____

(Principal/ Director/ Administrator)

Authorized: _____

(Purchasing Agent)