

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