

BERLIN CENTRAL SCHOOL DISTRICT
P.O. BOX 259 - BERLIN, NY 12022

OFFICIAL'S CLAIM FORM

Please print all information clearly or form will be returned.

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

NO CLAIM WILL BE PAID WITHOUT SOCIAL SECURITY NUMBER.

_____ Check here if any players or coaches were disqualified because of unsportsmanlike behavior. Please complete the reverse side of this form if there were any disqualifications.

DATE OF CONTEST	SPORT & LEVEL	OPPONENT	CURRENT FEE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Extras: (fifth quarter, exhibition matches, etc., please describe.)

_____ \$ _____

MILEAGE:

Per Game: _____ \$ 7.00

TOTAL AMOUNT OF CLAIM \$ _____

I certify that the amount claimed is accurate and for service actually performed for the Berlin Central School district.

Official's Signature

Date

*****(If you do not have a W-9 on file with BCSD, please fill one out and return with this claim form.)*****

APPROVED:

Budget Code: A2855.4470

Athletic Director: _____

Purchasing Agent: _____

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The official **MUST COMPLETE** this form if there were any disqualifications for either school.

Schools: _____ vs. _____

Sport: _____ Date: _____

Player(s) Disqualified:

Number	Name	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Coach(s) Disqualified:

Name	School
_____	_____
_____	_____

Brief Description of incident(s):

OFFICIAL (only required if incident resulted in a disqualification)

Name: _____

Work Phone: _____ Home Phone: _____

Signature: _____

Athletic Director of home school should send copy of this report to the opposing school and to the Section II Sportsmanship Chairperson.