



FILLMORE CENTRAL SCHOOL

ATHLETIC OFFICIAL CLAIM FORM

TO: Board of Education
Fillmore Central School
104 West Main St.
Fillmore, NY 14735



Date: _____

PLEASE PRINT CLEARLY - COMPLETE ALL INFORMATION - THANKS!

FROM:



(Name)

(Address)

(Address)

(Phone)

(Social Security Number)

Please Check this box if you HAVE been fingerprinted



DATE OF SERVICE	SPORT	DESCRIPTION OF SERVICE	UNIT PRICE	TOTAL
Please Calculate the mileage or our auditor cannot approve your claim form.				
	MILEAGE CALCULATION		Miles traveled at	
	Enter Miles Here		Enter Rate Here	
			Total	



OFFICIAL MUST SIGN THIS CERTIFICATE: - This is to certify that the materials and/or services charged and included in the above claim amounting to \$ _____ have been actually furnished, delivered, and/or performed for the above named Board of Education; that the charges are therefore true and just, and that payments have been made therefore except as included therein.

Date

Signature of Official

APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM: - I hereby certify that this bill has been rendered in accordance with the contract, agreement, or acceptable estimate, and that the work has been done or the materials delivered satisfactorily.

Date



COACH/SCHOOL OFFICIAL

Date

CLAIMS AUDITOR