

**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 @ \_\_\_\_\_ = \$ \_\_\_\_\_

**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