

SOLVAY UNION FREE SCHOOL DISTRICT  
OFFICIALS CLAIM FORM

Vendor # \_\_\_\_\_

Budget Code:           A2855.400          

**MUST BE COMPLETED IN PEN!!!**

*Forms completed in anything other than pen will be returned to the requestor for correction.*

1) Payment Requested by: \_\_\_\_\_  
Social Security # (Required) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

2) Officials Status (circle one):                      Probationary                      Active

3) Event for Fee (circle one for a, b, c, & d - fill in e & f):

a)              Football                      Soccer                      Volleyball                      Track  
                  Basketball                      Baseball                      Softball                      Other

b)              Girls                      Boys

c)              Modified                      JV                      Varsity

d)              Event location:                      Solvay Middle School                      Solvay High School

Other: \_\_\_\_\_

e)              Date of Contest: \_\_\_\_\_

f)              Opponent: \_\_\_\_\_

4) Mileage (complete if requesting reimbursement):

Total mileage for reimbursement: \_\_\_\_\_ miles @ \$0.44/mile= \$ \_\_\_\_\_

5) Amount Requested:

Fee              \$ \_\_\_\_\_

Extra fees      \$ \_\_\_\_\_

Extra fees      \$ \_\_\_\_\_

Mileage        \$ \_\_\_\_\_

(from above)

Total            \$ \_\_\_\_\_

Reason for extra fees:

\_\_\_\_\_ → \_\_\_\_\_

\_\_\_\_\_ → \_\_\_\_\_

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Administrator Signature

\_\_\_\_\_  
Date              02/2017