

SOLVAY UNION FREE SCHOOL DISTRICT

Official Claim Form

Must be completed in pen: (Forms completed in anything other than pen will be returned to the requestor for correction)

Vendor #:	Budget Code: A2855.400
Payment Requested By:	
Social Security # (required):	
Mailing Address:	

Fully complete event information:

Date of Event: _____

1	Status:	<input type="checkbox"/> Probationary	<input type="checkbox"/> Active		
2	Event:	<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Track
		<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	<input type="checkbox"/> Other (indicate)
3	Level:	<input type="checkbox"/> Girls	<input type="checkbox"/> Boys		
		<input type="checkbox"/> Modified	<input type="checkbox"/> JV	<input type="checkbox"/> Varsity	
4	Location:	<input type="checkbox"/> Solvay Middle School	<input type="checkbox"/> Solvay High School		
		<input type="checkbox"/> Opponent (indicate) _____			

Amount requested:

Fee \$ _____

Extra Fees* \$ _____

Total \$ _____

* Reason for Additional fees:	
<input type="checkbox"/> Extra Games	<input type="checkbox"/> Extra Innings
<input type="checkbox"/> Extra Sets	<input type="checkbox"/> # of Officials

Signature Verification	Date:
Claimant:	
Athletic Director:	
Business Administrator:	