

CORNING CITY SCHOOL DISTRICT



Athletic Events Claim Form

Voucher must be turned in promptly after each game to assure prompt payment.

***Please complete the following and submit to:

Corning City School District

165 Charles Street

Painted Post, NY 14870

(Budget Code: V/JV - 2855-400-38-55)

Name: _____ Vendor# _____

Address: _____

Email: _____

Social Security No. (Last Four Digit): ____ - ____ - ____

Date of Contest: _____

Team Names: Hawks vs. _____

Varsity: _____ JV: _____ Modified: _____

Sport: _____ Boys: _____ Girls: _____

Specify Job: (Official, Scoreboard, Chains, Etc.): _____ Rate: _____

(Budget Code: V/JV – 2855-401-38-55)

Mileage: _____ Number of Miles X Current Rate (Round Trip – One Car per Event)

(Max mileage allowed is 100 miles)

Rate: _____

TOTAL DUE: _____

Claimant Signature: _____

Athletic Director Signature: _____