

FORT EDWARD UNION FREE SCHOOL DISTRICT

220 BROADWAY
FORT EDWARD, NEW YORK 12828
(518) 747-4529

OFFICIAL'S CLAIM FORM

Please **PRINT** Clearly:

Name _____

Address _____

Social Security Number: _____

NO CLAIM WILL BE PAID WITHOUT SOCIAL SECURITY NUMBER



CHECK HERE IF ANY PLAYERS OR COACHES WERE DISQUALIFIED BECAUSE OF UNSPORTSMANLIKE BEHAVIOR. PLEASE COMPLETE THE REVERSE SIDE OF HIS FORM IF THERE WERE ANY DQ'S.

Date of Contest Sport and Level Opponent Current Fee

MILEAGE: \$ _____

TOTAL AMOUNT CLAIMED..... \$ _____

I acknowledge that I have been fingerprinted pursuant to the New York State Commissioner of Education's Regulations, have received clearance from the New York State Education Department, and have not received notice from the New York State Education Department of any subsequent arrests.

I certify that the amount claimed is accurate and for service actually performed for the School District.

Signed _____ Date _____



Approved: _____ Budget Code: A2855.4

Director of Athletics: _____

Purchasing Agent: _____

THE OFFICIAL (S) MUST COMPLETE THIS FORM IF THERE WERE ANY DISQUALIFICATIONS FOR EITHER SCHOOL:

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Schools: _____ vs _____

Sport: _____ Date: _____

Player(s) Disqualified:

NUMBER	NAME	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Coach (s) Disqualified:

NAME	SCHOOL
_____	_____
_____	_____

Brief Description of Incident(s):

OFFICIAL:

Name: _____

Work Phone: _____ Home Phone: _____

Signed: _____

- ATHLETIC DIRECTOR OF HOME SCHOOL SHOULD SEND COPY OF THIS REPORT TO THE OPPOSING SCHOOL AND TO THE SECTION II SPORTSMANSHIP CHAIRPERSON.