

Game Officials' Reimbursement Form – Fall 2009

Officials' Name: _____

(PLEASE PRINT)

Address: _____

(NUMBER)

(STREET)

(CITY)

(STATE)

(ZIP)

<u>Date(s)</u>	<u>Sport</u>	<u>Level</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____ <input type="checkbox"/>

Additional Game Fee: Varsity and JV (\$3.00) X _____ \$ _____
(NUMBER OF GAMES) (TOTAL)

Modified (\$4.00) X _____ \$ _____
(NUMBER OF GAMES) (TOTAL)

Travel Reimbursement: \$ 7.00 per trip X _____ \$ _____
(NUMBER OF TRIPS) (TOTAL)

Total Due: \$ _____

Official/Vendor Certification:

This is to certify that the materials and / or Services charged in the above account or claim and included in the same, amounting to \$ _____, have been actually performed, furnished and/ delivered to _____, New York; that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications therein are correct that the sums charged are reasonable and just that no payment has been made on account thereof except as included or referred to in such account or claim.

Official/Vendor Signature

Date

Athletic Director Certification:

I hereby certify that this bill has been rendered in accordance with the contract, agreement or accepted estimate and that the work has been completed and / or the materials delivered satisfactorily

Athletic Director Signature

Date

Purchasing Agent

Date

BUDGET CODE: 2855-441-00-3400 Amount Approved: \$ _____

AUDITOR USE ONLY