

ATHLETIC OFFICIAL-CLAIM FORM

DUANESBURG CENTRAL SCHOOL
133 SCHOOL DRIVE
DELANSON, NY 12053

TO BE FILLED IN BY CLAIMANT

NAME _____
ADDRESS _____

<u>DESCRIPTION OF EXPENDITURE</u>	<u>AMOUNT</u>	<u>TOTAL</u>	<u>CODE</u>
			A28554021000
Date of Competition _____			
Circle One Boys Girls			
Level (circle one) Varsity JV Mod 8th 7th			
Sport _____			
Duanesburg vs. _____			
A.D. Approval _____			

This is to certify that said claim is just, due, and unpaid and that there are not offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Fingerprinting

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.

Please Print Claimant Name: _____

Signature of Claimant: _____ **Date:** _____

CLAIM WILL NOT BE PROCESSED WITHOUT PROPER SIGNATURE AND APPROVAL

Office Use Only
PO #
Goods Del.
Not Prev. Paid
Ext. Verf.
Code A28554021000
Check #
Date Pd.

