

Sandy Creek Central School District #1
P.O. Box 248, 124 Salisbury Street
Sandy Creek, NY 13145
PH: 315-387-3445

CLAIM NO.: _____
P.O. NUMBER: _____

GAME OFFICIALS -- COMPLETE IN BLACK INK
ALL ITEMS (EXCEPT SHADED AREAS) MUST BE FILLED IN BY VENDOR

Name of Vendor _____
Social Security # (REQUIRED) _____
Remit to Address _____

Please check proper boxes:

- Active
- Non-Rated
- Boys
- Girls

Date of Game or Activity: _____

vs
Sandy Creek

Check one:

- Varsity
- Junior Varsity
- Junior High

Name of Sport

FEE : \$ _____

Mileage: (One car per contest)

Round trip mileage = _____ miles
_____ miles x .38 cents per mile = \$ _____

Approved by: _____
2855-407

TOTAL = \$ _____

This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in same, amounting to \$ _____ have been actually performed for, furnished and or delivered to the Board of Education, Sandy Creek, NY.

Vendor's Name _____ Signature of Claimant or Corporate Officer _____ Title _____ Date _____

FOR USE BY BOARD OF EDUCATION ONLY

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

Date: _____ Signature of Purchasing Agent: _____