

Sandy Creek Central School District
Event Claim Form

Name of Employee _____

Event Details

Date of Event: _____

Time Worked: **Start:** _____

End: _____

Please check proper boxes:

Check one:

Check one:

Check one:

Check one:

Chaperone

Varsity

Girls

Basketball

Clock Operator

Junior Varsity

Boys

Baseball

Score Keeper

Modified 8

N/A

Cheerleading

School Event

Modified 7

Cross Country

Modified 7/8 or Side-by-Side

Football

N/A

Soccer

Softball

Volleyball

Other: _____

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.

Employee's Name _____

Signature of Claimant _____

Date _____

Approved by: _____

Total \$: _____

Administrator's Signature

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: _____