

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:

☐ Chaperone
☐ Clock Operator
☐ Score Keeper
☐ School Event

Check one:

☐ Varsity
☐ Junior Varsity
☐ Modified 8
☐ Modified 7
☐ Modified 7/8 or Side-by-Side
☐ N/A

Check one:

☐ Girls
☐ Boys
☐ N/A

Check one:

☐ Basketball
☐ Baseball
☐ Cheerleading
☐ Cross Country
☐ Football
☐ 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: _____
Administrator's Signature

Total \$: _____

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: _____