

COHOES CITY SCHOOL DISTRICT
7 Bevan St., Cohoes, NY 12047

Claim For Reimbursement of OFFICIATING FEES

Please note: This is a 1099 Vendor

Make Check Payable To:	
NAME: _____	
ADDRESS: _____	

EMAIL: _____	TELEPHONE: _____

(PLEASE PRINT)

DESCRIPTION OF SERVICES	Amount Due
PLEASE COMPLETE ALL INFORMATION BELOW - INCOMPLETE INFORMATION MAY RESULT IN A DELAY IN PAYMENT	
DATE OF EVENT _____	
SPORT _____	
<input type="checkbox"/> VARSITY <input type="checkbox"/> JV <input type="checkbox"/> MODIFIED	
<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS	
OPPONENT _____	FEE \$ _____
NUMBER OF TEAMS/DUELS _____	MILEAGE \$ _____
Total Amount Due	
	\$ _____

I HEREBY CERTIFY THE ABOVE SERVICES WERE RENDERED AS PRESENTED:

*** Submitted By _____ Date: _____
OFFICIAL

Approved By _____ Date: _____
DIRECTOR OF ATHLETICS

Payment Authorized _____ Date: _____
PURCHASING AGENT

***** CLAIM CANNOT BE PROCESSED WITHOUT COMPLETED W-9 ON FILE*****

CHECK NUMBER _____ DATE PAID _____