

CLAIM FORM - SPORTS EVENTS/CHAPERONES/AED

Full Name: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____ Phone: _____

Social Security Number (if this is your first claim, and you do not work for the District): _____

Please Check All That Apply. Claim will not be paid if not completed in entirety.

<input type="checkbox"/> Official	<input type="checkbox"/> Baseball	<input type="checkbox"/> Boys	<input type="checkbox"/> Varsity
<input type="checkbox"/> Timekeeper	<input type="checkbox"/> Basketball		<input type="checkbox"/> Junior Varsity
<input type="checkbox"/> Scorekeeper	<input type="checkbox"/> Dance		<input type="checkbox"/> Modified
<input type="checkbox"/> Crowd Control/Chaperone	<input type="checkbox"/> Football	<input type="checkbox"/> Girls	
<input type="checkbox"/> AED Training \$25/hr	<input type="checkbox"/> Golf		
	<input type="checkbox"/> Soccer		
	<input type="checkbox"/> Softball		
	Swimming:		Date of Game/Date: <input type="text"/>
	<input type="checkbox"/> Referee		
	<input type="checkbox"/> Starter		Opponent (if applicable)
	<input type="checkbox"/> Judge		<input type="text"/>
	<input type="checkbox"/> Tennis		
	Track:		Location: <input type="text"/>
	<input type="checkbox"/> Starter		
	<input type="checkbox"/> Judge		
	Volleyball:		
	<input type="checkbox"/> Referee		
	<input type="checkbox"/> 2nd Official/Referee		
	<input type="checkbox"/> Wrestling		
	<input type="checkbox"/> Extra Bouts (enter the number)		

Fee Amount Claimed:	\$ <input type="text"/>
Mileage (Officials Only) @ \$0.545	\$ <input type="text"/>
Total Claimed:	\$ <input type="text"/>

I certify that this service and travel was actually performed on approved official school business and that the claim is true, unpaid, and due me as presented.

Athletic Director/Supervisor/Nurse Signature: _____ Date _____ Claimant Signature: _____ Date _____

For Business Office Use:

Officials: A 2855.400-10-1070
Chaperones/AED: A 2855.150-10-1080
Time/Score Keepers: A 2855.400-10-1080

Authorized Signature: _____ Date _____