



Waverly Central School District

Athletic Department Voucher

2023 - 2024



Official's Name: _____ Phone Number: _____

Address: _____

Social Security #: _____ - _____ - _____ W-9: On File: _____ Included: _____

Event: _____
 Contest Assignment (Be Specific): _____

Sport: _____ Contest Date: _____

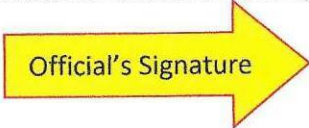
Host: _____ Game Site: _____

Level: Varsity _____ JV _____ Modified _____ Gender: Boys _____ Girls _____

Contest Expenses Claim (*Fees confirmed on Reverse of this form*)

	Amount	Budget Code
Contest Officiating Fee	\$	A2855.400-00-45
Mileage #miles (round trip) _____ x .565=	\$	A2855.400-00-46
Total Cost	\$	

This is to certify that work, labor, services, materials, and supplies charged in the above account or claim, and included in the same, amounting to the total above have been actually performed for, furnished and/or delivered to the Board of Education, Waverly, NY and that said claim is just due, and unpaid; that there are not offsets against the same, that the items and specifications therein are correct, that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.



_____ Date: _____

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

_____ Date

_____ Authorized Signature Waverly Central Schools

_____ Date

_____ Claims Auditor Waverly Central Schools

To Assist in processing bills for payment, please initial in proper space:

Received by:	Business Office use	Audited by:	Checked by:	Account Code