

# CORNING CITY SCHOOL DISTRICT



## Athletic Events Claim Form

Voucher must be turned in promptly after each game to assure prompt payment.

\*\*\*Please complete the following and submit to:

**Corning City School District**

**165 Charles Street**

**Painted Post, NY 14870**

**(Budget Code: V/JV - 2855-400-38-55)**

Name: \_\_\_\_\_ Vendor# \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No. \_\_\_\_\_

Social Security No. (Last Four Digit): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Contest: \_\_\_\_\_

Team Names: Hawks vs. \_\_\_\_\_

Varsity: \_\_\_\_\_ JV: \_\_\_\_\_ Modified: \_\_\_\_\_

Sport: \_\_\_\_\_ Boys: \_\_\_\_\_ Girls: \_\_\_\_\_

Specify Job: (Official, Scoreboard, Chains, Etc.): \_\_\_\_\_ Rate: \_\_\_\_\_

**(Budget Code: V/JV – 2855-401-38-55)**

Mileage: \_\_\_\_\_ Number of Miles X Current Rate (Round Trip – One Car per Event)  
(Max mileage allowed is 100 miles)

Rate: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_

**Revised 09/28/2023**