

**AVERILL PARK CENTRAL SCHOOL DISTRICT**146 Gettle Road, Station 1  
Averill Park, New York 12018-2608**CLAIM NO.****VENDOR NO.****SPORTS OFFICIAL CLAIM FORM**

Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

**ACCOUNT NO.**

A2855400400000

A2855400500000

DESCRIPTION	FEE
<b>Averill Park vs.</b> _____	
Sport _____ Date _____	
Level: Varsity _____ JV _____ Fresh _____ Mod _____ (If more than one game, please list fees separately)	
Girls _____ Boys _____	
Mileage _____	\$ 9.00
<b>TOTAL</b>	

If you have previously received fingerprint clearance through the New York State Department of Education (OSPRA) and wish to be added to the Averill Park CSD registry, please initial the authorization below:

In accordance to Section 87 Commissioner of Education regulation on fingerprint clearance, I hereby acknowledge that I have been fingerprinted pursuant to the New York State Commissioner of Education's Regulations, have received clearance from the New York State Education Department, and have not received notice from the New York State Education Department of any subsequent arrests.

This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included in the same, have been actually performed for furnished and/or delivered to the school district named hereon; that said claim is just, due and unpaid and that there are no offsets against same; that the items and specification therein are correct; that the sums charged are reasonable; that no payment has been made on account therefore except as included or referred to in such account or claim.

\_\_\_\_\_  
Signature of Claimant\_\_\_\_\_  
Supervisor Approval – FORWARD TO DISTRICT OFFICE\_\_\_\_\_  
For Office Use\_\_\_\_\_  
DATE\_\_\_\_\_  
PURCHASING AGENT