

INTERSCHOLASTIC CLAIM FORM

ONEONTA CITY SCHOOL DISTRICT
BUSINESS OFFICE - 31 CENTER STRETT
ONEONTA, NY 13820

Vendor #

Social Security #

Name

Address _____

Check If New Address

Date of Event

FORM MUST BE SIGNED IN INK

Sport:

Level

Oneonta Vs.

Mileage

One way

Both
ways

\$.47/mile BOTH WAYS or \$.94/mile ONE
WAY Max \$47 per event. One official paid per
event.

Total Due:

*This is to certify that the services charged in the above claim have been performed, and that no part
thereof has been previously been paid.*

Signature of Official _____ Date _____

Signature of Athletic Director _____ Date _____

Signature of Business Official _____ Date _____

Internal Claims Auditor

Code: A285540

10/21 sek