

ACCOUNTS PAYABLE OFFICIAL'S CLAIM FORM
 PORT BYRON CENTRAL SCHOOL DISTRICT
 30 Maple Ave
 Port Byron, NY 13140
 .(315) 776-5728
 Central New York Counties League of Section 3 and the NYSPHSAA

PLEASE PRINT CLEARLY

Name (print) _____ Social Security # ____ - ____ - ____

Mailing Address _____

Street Address _____

If Different Than Mailing Address. Used to check mileage.

Phone # Home (____) ____ - ____ Work (____) ____ - ____ Email _____

Retired From: NYSTRS NYSERS NYSPFS NYCTRS NYCBOE NYCERS NYCPPF NYCFDP

Date of Contest: ____/____/____ **BOYS / GIRLS** **Level:** VAR JV 9th 7&8th **Sport:** _____
 mm dd yyyy (circle one) (circle one)

Location: _____

Other: _____

Official's Ranking: Active / Probationary
 (circle one)

Visiting Team: _____

\$ _____	Contest Fee (from chart on right)
\$ _____	5th Quarter Fee (\$13.00) Field Hockey (\$26.50)
\$ _____	Mileage Fee Based on Mapquest Round Trip miles _____ x \$.47 (not to exceed 100 miles – One person may claim per each 2 officials assigned to contest). One way miles _____ x \$.47 (Crew of three or five officials, 3rd & 5th official can claim mileage of one way). Can not split mileage between officials on claim forms.
\$ _____	Other Fees – Explain: _____ (single official, Shells Double headers)
\$ _____	Total Claim
Official's Signature	_____
	Date / /

	Varsity Active	Varsity Prob.	JV/Fresh Active	JV/Fresh Prob.	Mod. Active/Prob.
Baseball	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Basketball	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Field Hockey	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Football	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Football Fresh					
Ice Hockey	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Lacrosse	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Soccer	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Softball	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Swim	\$61.00	\$39.50	\$46.00	\$39.50	\$39.50
Track & Field	\$73.00	\$47.50	\$55.00	\$47.50	\$47.50
Volleyball 3/5	\$77.00	\$50.00	\$58.00	\$50.00	\$50.00
Volleyball 2/3	\$61.00	\$39.50	\$46.00	\$39.50	\$39.50
Wrestling	\$81.00	\$52.50	\$61.00	\$52.50	\$52.50
Sec 3 Semi's	\$5.00				
Sec 3 Final's	\$10.00				
1.5 of regular game if only one official					

Approval of Athletic Department: _____

Account Code: OA2855.08.02.00400

Signature Of Athletic Director _____ Date ____ / ____ / ____

Approval of School Official Originating Claim:

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

Signature of School Purchasing Official: _____ Date ____ / ____ / ____