CLAIM VOUCHER

GLENS FALLS CITY SCHOOL DISTRICT
15 QUADE STREET • GLENS FALLS, NEW YORK 12801

Name & Address

PLEASE PRINT LEGIBLY IN PEN

_____

_____

_____

DELIVER TO BUILDING INDICATED BELOW

Arthur Corlew – AD
Glens Falls High School
10 Quade Street
Glens Falls, NY 12801

QUANTITY	DESCRIPTION	AMOUNT
	For services rendered: (Police, Official, EMT) Date of Contest: _____ Sport: _____ Opponent: _____ Level (circle): Varsity Junior Varsity Modified Freshman	_____
	TRAVEL	_____
	_____ Signature of Athletic Director _____ Date	~~~~~~~~~~~~~~~
	TOTAL	$

SCHOOL CODE: 2855.428-00-11

This is to certify that the materials and services charged in the above account or claim and included in the same amounting to $_____ have been actually performed for, furnished and/or delivered to the Board of Education, Glens Falls, New York; That said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications 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.

(NYS Ed Law 30:35 states that the officials cannot officiate more than 5 games without being fingerprinted.)

Have you been fingerprinted? Yes / No
(circle one)

_____ _____ **DATE**_____
CLAIMANT'S NAME **SIGNATURE OF CLAIMANT**

Please fill out the attached documents for the current school year.
These documents only need to be filled out once per school year.

_____ *Received by Accounts Payable*