

HARTFORD CENTRAL SCHOOL DISTRICT
SPORTS OFFICIATING VOUCHER



Date _____

Check Appropriate Items:

<u>Level:</u>	Varsity _____	Junior Varsity _____	Modified _____
<u>Sport:</u>	Volleyball _____	Basketball – Boys _____	Baseball _____
	Soccer _____	Basketball – Girls _____	Softball _____

HARTFORD vs. _____

CLAIM

Officiating Rate: \$ _____

Travel Allowance: \$ _____

TOTAL CLAIM: \$ _____

I certify that the aforementioned expenses are true and accurate.

(Signature)

(Print Name)

Social Security Number – **Required for payment**
(If not written on voucher it is your responsibility to contact
District Office for payment 518 632 5222)

(Address)

AUTHORIZATION FOR PAYMENT

Sign, & Date