

RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT

PO Box 100  
Ravena, NY 12143

OFFICIALS CLAIM FORM

PLEASE PRINT CLEARLY IN INK

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

Date of Contest	Sport/Level	Opponent	Fee \$\$\$
_____			_____
		Extra Quarter/Exhibition Heats	_____
		Travel Allowance	7.00
		<b>TOTAL</b>	_____

Please complete a Tax Identification W-9 form. This needs to be done just once.  
If your information is not on file at the RCS business office it will severely delay the payment procedure

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Office use only

Budget Line A-2855-481-08-0000

ATHLETIC DIRECTOR \_\_\_\_\_

PURCHASING AGENT \_\_\_\_\_

BOARD AUDIT COMMITTEE \_\_\_\_\_