

# CONTEST OFFICIALS CLAIM FORM



Check # _____
Date Paid _____
Warrant # _____
Item # _____

## NEW YORK STATE PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION, INC. SECTION 2

Mail to: Section 2 Athletics  
433 Broadway, Suite 303  
Saratoga Springs, N. Y.

Payment Requested By: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Please print legibly.)  
Print Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Charge to: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Date: \_\_\_\_\_  
Sport Committee

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**CONTESTS OFFICIALS ONLY:**  
**I certify that I have been fingerprinted in compliance with the NYS SAVE Legislation.**

Please circle: Sectional or Regional

EVENT: _____	REGULAR FEE _____
_____ VS _____	TRAVEL _____
SITE _____ DATE _____	TOTAL _____

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Official's Signature \_\_\_\_\_

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Internal Control Officer \_\_\_\_\_

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Site Chairperson/Sport Coordinator Signature \_\_\_\_\_

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Executive Director \_\_\_\_\_

This voucher will not be paid unless it is fully completed, dated and signed.  
All vouchers must be accompanied by the appropriate receipts.