

**EXPENSE CLAIM VOUCHER**



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. 12866

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

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

DUTY: (Please place a check mark next to the appropriate duty.) \_\_\_\_\_ Hrs. @ \$16.00 per Hr.

TICKET SELLER \_\_\_\_\_ CHAPERONE/SUPERVISION \_\_\_\_\_ SITE CHAIR \_\_\_\_\_

ANNOUNCER/SCORER \_\_\_\_\_ MEDICAL SUPPORT \_\_\_\_\_ OTHER \_\_\_\_\_

EXPLANATION OF OTHER: \_\_\_\_\_

POLICE \_\_\_\_\_ (Refer to Pg. 47, Rate of Pay. Please provide copy of contract stating rate of pay.)

CUSTODIAL \_\_\_\_\_ (Refer to Pg. 47, Rate of Pay. Please provide school invoice with documentation of payment.)

FACILITIES RENTAL \_\_\_\_\_ (Please provide invoice.)

OTHER: \_\_\_\_\_ EXPLANATION OF OTHER: \_\_\_\_\_

**TOTAL AMOUNT CLAIMED \_\_\_\_\_**

\_\_\_\_\_  
Claimant Signature

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

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

\_\_\_\_\_  
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.