

# 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: \_\_\_\_\_ W9 on file:   
(Please print legibly.) W9 attached:   
Print Address: \_\_\_\_\_ Will mail W9:   
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### 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 \_\_\_\_\_

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

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

\_\_\_\_\_  
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.