

# Berlin Central

School District

## OFFICIAL'S CLAIM FORM

Please print all information clearly or form will be returned.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:   XXX-XX-\_\_\_\_\_

*\*\*\*If you do NOT have a W-9 on file with BCSD, please fill out and return with this claim form.\*\*\**

**NO CLAIM WILL BE PAID WITHOUT ALL REQUESTED INFORMATION.**

\_\_\_\_\_ Check here if any players or coaches were disqualified because of unsportsmanlike behavior. Please complete the reverse side of this form if there were any disqualifications:

DATE OF CONTEST	SPORT & LEVEL	OPPONENT	CURRENT FEE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

*Extras: (fifth quarter, exhibition matches, etc., please describe.)*

\_\_\_\_\_

\$ \_\_\_\_\_

MILEAGE – PER GAME: ..... \$ 7.00

**TOTAL AMOUNT OF CLAIM** ..... \$ \_\_\_\_\_

I certify that the amount claimed is accurate and for service actually performed for the Berlin Central School District.

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

\_\_\_\_\_  
Date

**APPROVED:**

*Budget Code: A2855.470-40*

Athletic Director: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

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The official **MUST COMPLETE** this form if there were any disqualifications for either school.

Schools: \_\_\_\_\_ vs. \_\_\_\_\_

Sport: \_\_\_\_\_ Date: \_\_\_\_\_

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Player(s) Disqualified:

Number	Name	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Coach(s) Disqualified:

Name	School
_____	_____
_____	_____

Brief Description of incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL (only required if incident resulted in a disqualification)**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

*Athletic Director of home school should send copy of this report to the opposing school and to the Section II Sportsmanship Chairperson.*