

This is a 1099 Vendor

COXSACKIE-ATHENS CENTRAL SCHOOL DISTRICT
Request for Payment of Retroactive Officiating Fees
For the 2009-10 School Year

(PLEASE PRINT LEGIBLY)

NAME _____ ACCOUNT CODE: A2855.440.50.0000

ADDRESS: _____

_____ SOCIAL SECURITY NO: _____

_____ **1099 VENDOR CODE:** _____

Individual/

Check the appropriate box: Sole Proprietor Corporation Partnership Other _____

Date of Game	Level Mod/JV/V	Sport	2009-10 Fee	Paid Previously	Mileage Due	Mileage Paid	Total Due Official

.....
I HEREBY CERTIFY THE ABOVE SERVICES WERE RENDERED AS PRESENTED:

SUBMITTED BY: _____ DATE _____
OFFICIAL

APPROVED BY: _____ DATE _____
DIRECTOR OF ATHLETICS

PAYMENT AUTHORIZED: _____ DATE _____
PURCHASING AGENT

.....
Please attach vendor payment history.

DATE PAID: _____ CHECK NUMBER _____