



2023-2024

JORDAN-ELBRIDGE ATHLETICS

Jordan-Elbridge Central School District

PO Box 902, Jordan, NY 13080

(Tel) 315-689-8500 x 1007

PLEASE PRINT CLEARLY

NAME (print) _____ SS# _____ - _____ - _____

STREET (print) _____ CITY (print) _____ Zip Code _____

PHONE # Home (____) _____ - _____ Work (____) _____ - _____ Email _____

Date of Contest: ____/____/____ BOYS or GIRLS Visiting Team: _____ Sport: _____

LEVEL (please circle): VARSITY JV Freshman Modified Probationary

Sport: Baseball, Basketball, Field Hockey, Football, Lacrosse, Soccer, Softball, Outdoor Track & Field, Wrestling								Level: <u>Varsity/JV/Modified</u>	
	100%	Scrimmage 75%	One Official	Three Officials (Basketball)	5th Quarter 2 Officials	5th Quarter 1 Official	3rd Half (Add)	Mileage	TOTAL
Varsity	\$98.00	\$73.50	\$147.00	\$85.00	\$122.50	\$171.50	\$49.00	\$16.40	
JV	\$78.00	\$58.50	\$117.00		\$97.50	\$136.50	\$39.00	\$16.40	
Varsity & JV	\$176.00					NA		\$16.40	
MOD	\$68.00	\$51.00	\$99.00		\$85.00	\$119.00	\$34.00	\$16.40	

Sport: Volleyball						Level: <u>Varsity/JV/Modified</u>		
	100%	Scrimmage 75%	One Official	5th Quarter	:		Mileage	TOTAL
Varsity (5 game match)	\$98.00	\$78.00	\$147.00	NA			\$16.40	
JV (3 game match)	\$78.00	\$58.50	\$117.00	NA			\$16.40	
Varsity & JV	\$176.00						\$16.40	
MOD	\$68.00	\$49.50	\$102.00	NA			\$16.40	

Other: (Shell fees, etc)

TOTAL CLAIM \$

CLAIM MUST BE SIGNED BY OFFICIAL Official (Claimant) _____ Date: ____/____/____

Signature

For Office Use Only:

Account Code: 2855-400.00.000

Host School Athletic Director _____

Signature

I hereby certify that the bill rendered is in accordance with the contract, agreement, or accepted estimate and that the work has been completed and/or the contractual services were performed per rules and regulations of the contest(s) officiated.

Signature of Purchasing Agent: _____ Date: ____/____/____

Signature

I certify that the above claim was audited and accurate based on rates approved by AD.