

# City School District of Albany "Officials" Retroactive Mileage Flat Rate Claim Form

Must be submitted by April 30, 2010

Official's Name: \_\_\_\_\_

Official's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Official's Telephone Number: \_\_\_\_\_

	<u>Date of Event</u>	<u>Location of Event</u>	<u>Opponent</u>	<u>Sporting Event</u>	<u>Level</u>	<u>Travel * Allowance</u>
e.g.	11/9/09	Bleeker Stadium	Guilderland	Soccer	Varsity	\$7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

\* This allowance is only for events not previously submitted/paid flat rate fee.

Officials Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY:**

Budget Code: A2855.401

Director of Health & Phys Ed Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purchasing Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Instructions: Please print legibly** - Complete required sections above, sign the form and forward to  
 Kathleen Ryan  
 City School District of Albany  
 Bureau of Health & Physical Education  
 700 Washington Avenue  
 Albany, New York 12203