

**John A. Coleman High School  
Athletic Department  
430 Hurley Avenue  
Hurley, NY 12443**

**IMPORTANT: Please fill in ALL information requested. If this form is not properly filled out and signed, you will NOT get paid. PLEASE PRINT!!**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Date	Service Performed (Ref. etc.), Var, JV, Schools Playing	Amount

Social Security # \_\_\_\_\_ Total \_\_\_\_\_

Claimant, \_\_\_\_\_ does hereby certify that the foregoing account presented by him/her against John A. Coleman Catholic High School is just, true and complete; that the disbursements, services, labor charged therefore have been actually made, furnished or performed; that the claim herein presented is justly due and the amount claimed has not been paid or satisfied or submitted to John A. Coleman for payment heretofore.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2013.

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
I hereby certify that the services charged for have been rendered at the time or places indicated; and that such services were for the sole use and benefit of John A. Coleman Catholic High School.

\_\_\_\_\_  
Athletic Director's signature