



BRUSHTON-MOIRA CENTRAL SCHOOL DISTRICT
BRUSHTON, NEW YORK 12916

CLAIM FORM – CHAPERONE

This is to certify that I, _____, with SS# ending _____, have worked as a chaperone on the following dates:

- School Activity
- Sports

Date(s):

Date(s):

_____ for _____ hours
 _____ for _____ hours
 _____ for _____ hours
 _____ for _____ hours
 _____ for _____ hours

_____ for _____ hours
 _____ for _____ hours
 _____ for _____ hours
 _____ for _____ hours
 _____ for _____ hours

Date: _____

Signed: _____

Address: _____

An approved copy of this claim will be returned with your check.

Approved by: _____ (Administrator/Supervisor) _____ (Date)

INSTRUCTIONS: Complete this form on a bi-weekly basis to claim work and forward to your Administrator/Supervisor for approval and processing.

FOR BUSINESS OFFICE USE ONLY

TOTAL HOURS _____ X RATE PR/HR \$21.00 = \$ _____

AUTHORIZED: _____ CODE: A-2110-160 (School Activity)
 A-2855-160 (Sports)