

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

WWW.CIACSPORTS.COM 203-250-1111



2023 FALL SPORTS EXPENSE SHEET			
SPORT:	DIV:	ROUND:	DATE:
HOST: SCHOOLS PARTICIPATING:			

QUARTERFINAL GAMES

CIAC WILL PAY THE OFFICIALS DIRECTLY. ONE CHECK WILL BE ISSUED TO THE SITE DIRECTOR AND A SECOND CHECK TO THE HOST SCHOOL FOR REMINNG EXPENSES UP TO \$200 . ITEMIZE YOUR EXPENSE BELOW.

School check should be made out & send to:

SEMIFINAL & FINAL GAMES

CIAC WILL PAY EXPENSES DIRECTLY ASSOCIATED WITH STAGING OF THE SEMIFINALS AND FINALS GAMES.

CIAC WILL PAY OFFICIALS DIRECTLY.

IF THIS IS A SEMI FINAL OR FINAL GAME AND YOU WISH TO RECEIVE ONE CHECK PAYABLE TO THE SCHOOL FOR WORKERS PLEASE CHECK THE BOX & COMPLETE SCHOOL CHECK INFORMATION ABOVE.

SITE DIRECTOR CHECK					
FIRST & LAST NAME:		CIAC	CIAC FEE:		
STREET:	TOWN:	STATE:	ZIP:		
PHONE:	E-N	MAIL:			

Our auditors require backup behind the reimbursed expenses. Please list your workers' names and amounts including 1/4 final games. Address is needed only for semifinal/final games, if you want CIAC to pay the workers directly. If you run out of space please fill out this form again or attache a sheet.

OTHER EXPENSES					
FULL NAME (required)	ADDRESS (only semifinal/final games)	SERVICE	AMOUNT		
	I	TOTAL EXPENSES:			

E-MAIL YOUR REPORT TO JBROWN@CASCIAC.ORG

CIAC USE ONLY				
BOX #	TICKETS	DATE:	APPROVED BY	

Any questions contact Jadzia Herrmann Brown @ (203) 651- 3924 or jbrown@casciac.org