## 2023 FALL SPORTS EXPENSE SHEET

SPORT: SELECT OR TYPE HOST:

DIV: SELECT OR TYPE ROUND: SELECT OR TYPE DATE:
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. $\square$

SITE DIRECTOR CHECK
FIRST \& LAST NAME:

| STREET: | TOWN: | STATE: | ZIP: |
| :--- | :--- | :--- | :--- |
| PHONE: | E-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 |
| :--- | :--- | :--- | :---: |
|  |  | Select or Type |  |
|  |  | Select or Type |  |
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|  | Select or Type |  |  |
|  | Select or Type |  |  |

## E-MAIL YOUR REPORT TO JBROWN@CASCIAC.ORG

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CIAC USE ONLY
BOX \# TICKETS DATE: APPROVED BY
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Any questions contact Jadzia Herrmann Brown @ (203) 651-3924 or jbrown@casciac.org

