



CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

WWW.CIACSPORTS.COM

WRESTLING EXPENSE SHEET WINTER 2023

SPORT: WRESTLING	DIV:	ROUND:	DATE:
HOST:		SCHOOLS PARTICIPATING:	

**CIAC WILL PAY A SITE DIRECTOR FEE AND PAY THE OFFICIALS
ONE CHECK WILL BE ISSUED TO THE SITE DIRECTOR AND A SECOND CHECK TO THE HOST SCHOOL
FOR THE OTHER EXPENSES.**

FIRST CHECK MEET DIRECTOR FULL NAME:		FEE:	
STREET:	TOWN:	STATE:	ZIP:
PHONE:		E-MAIL:	

SECOND CHECK SCHOOL CHECK SHOULD BE MADE OUT TO AND MAILED TO:

Our auditors require backup behind the reimbursed expenses. Please list your workers' names and amounts.

OTHER EXPENSES

FIRST & LAST NAME:	SERVICE	AMOUNT
TOTAL EXPENSES:		

E-MAIL YOUR REPORT TO JBROWN@CASCIAC.ORG

CIAC USE ONLY			
BOX # _____	TICKET REPORT _____	DATE _____	APPROVED BY _____

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