		OFF	ICIALS CLAIM FO	R SER	/ICES	RENE	DERED YEAR:	
NAME:_				# SPORT:				Claim No Date Filed
ADDRES	SS:			TOWN:			ZIP:	ed No
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	Ī		014 - 10 - 11 - 1	Deta	Level	Foo	Site of Contest	CLAIM
Date	Level	Fee	Site of Contest	Date	Level	ree	Site of Contest	NUMBER (Assigned by Purchasing De
			-	-				DATE
								VENDOR NUMBER
								502-6114-44
								GRAND TOTAL
								OFFICE USE ONLY
			7,000					
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hereb	y certify the	nat this clai	m for services rendered is			CTOR	GRAND TOTAL: \$	