

**Schertz Cibolo Universal City ISD---ATHLETIC DEPARTMENT**

**Officials & Employee Payment Form**

*\*After each event or activity, the Coach in charge will fill in all the information below and return this form to the Athletic Office the following day*

**DATE OF THE EVENT:** \_\_\_\_\_

**EVENT:** \_\_\_\_\_ **VS.** \_\_\_\_\_

**EVENT:** Please circle appropriate event, division

Baseball    Basketball    Football    Track  
Softball    Soccer    Volleyball

Boys: Varsity    Sub-Varsity    Junior High  
Girls: Varsity    Sub-Varsity    Junior High

**DISTRICT EMPLOYEES:**

Gate Keeper: \_\_\_\_\_  
Timer/Clock : \_\_\_\_\_  
Book Keeper: \_\_\_\_\_  
Coach in Charge of Event: \_\_\_\_\_  
School: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Vendor #: \_\_\_\_\_  
No. of Games: \_\_\_\_\_  
Amount Due: \_\_\_\_\_

CERTIFICATION (Replaces IRS Form W-9): Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); I am not subject to backup withholdings due to failure to report interest and dividend income; I am a U.S. Person, and the collection of a FATCA exemption code is not applicable to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Vendor #: \_\_\_\_\_  
No. of Games: \_\_\_\_\_  
Amount Due: \_\_\_\_\_

CERTIFICATION (Replaces IRS Form W-9): Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); I am not subject to backup withholdings due to failure to report interest and dividend income; I am a U.S. Person, and the collection of a FATCA exemption code is not applicable to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Vendor #: \_\_\_\_\_  
No. of Games: \_\_\_\_\_  
Amount Due: \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Vendor #: \_\_\_\_\_  
No. of Games: \_\_\_\_\_  
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

ATHLETIC DIRECTOR APPROVAL: \_\_\_\_\_  
FINANCE: \_\_\_\_\_  
BUDGET CODE: 199-36-6299-39- \_\_\_\_\_ - \_\_\_\_\_ 91000  
DATE: \_\_\_\_\_

**ACCOUNTS PAYABLE**