

# REFEREE PAYMENT REQUEST FORM

A-7

**Name of school**

Address

Postal Code

Telephone: (902) 999-9999

Fax: (902) 999-9999

Payable to: \_\_\_\_\_

\_\_\_\_\_

(Referee's Name and Address)

Date: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Requested by Signature: \_\_\_\_\_

Coaches Signature: \_\_\_\_\_ Principal Approval: \_\_\_\_\_

Cheque written by: \_\_\_\_\_ Date cheque issued: \_\_\_\_\_

Cheque # \_\_\_\_\_ Category (Account): \_\_\_\_\_

**FORMS MUST BE FILLED OUT. PAYMENTS CANNOT BE MADE WITHOUT THEM!**

Game	Date	Amount

**TOTAL PAYMENT:** \_\_\_\_\_

Completed Referee Payment Forms are to be submitted to the Main Office.