



BASKETBALL DIVISION

INVOICE FOR GAME OFFICIATING SERVICES

EACH OFFICIAL IS TO COMPLETE AND SUBMIT THIS FORM FOR PAYMENT

| | | | |
|------------------|-------|--------------|----------|
| GAME DATE: | | | |
| GAME LOCATION: | | | |
| TEAMS: | HOME: | | VISITOR: |
| OFFICIAL'S NAME: | | | |
| MAILING ADDRESS: | | | |
| CITY: | | | TEXAS |
| ZIP: | | CELL NUMBER: | |
| LAST 4 OF SSN: | | CHAPTER: | |
| E-MAIL ADDRESS: | | | |

GAME FEES

OF GAMES

| VARSITY | \$70 | | \$ |
|--------------------------------------|------|--|-----------|
| SUB VARSITY (FRESHMAN AND JV) | \$50 | | \$ |
| MIDDLE / JHS | | | \$ |
| 6 MINUTE QUARTERS | \$35 | | \$ |
| 7 MINUTE QUARTERS | \$40 | | \$ |
| 8 MINUTE QUARTERS | \$45 | | \$ |
| TOTAL GAME FEES | | | \$ |

NON METRO TRAVEL PLAN

| | | |
|-----------------------------------|--|-----------|
| <input type="checkbox"/> | 1 CAR - _____ MILES @ \$0.54 | \$ |
| <input type="checkbox"/> | 2 CARS - _____ MILES @ \$0.41 | \$ |
| <input type="checkbox"/> | 3 CARS - _____ MILES @ \$0.32 | \$ |
| <input type="checkbox"/> | RIDER FEE \$10 (ONLY IF 3 CARS ARE PAID) | \$ |
| <input type="checkbox"/> | MEAL REIMBURSEMENT (if distance traveled is greater than <u>150</u> miles round trip \$15 regular season / \$30 playoffs) | \$ |
| TOTAL TRAVEL REIMBURSEMENT | | \$ |

| | |
|---|-----------|
| TOTAL DUE OFFICIAL (GAME FEE + TRAVEL REIMBURSEMENT) | \$ |
|---|-----------|

The game fees and mileage reimbursement listed above are an accurate and true accounting of the payment due for my services.

SIGNATURE OF OFFICIAL