

University of Delaware Division of Athletics and Recreation Services

INVOICE

Sport Club Coach or Athletic Trainer

Sport Club _____ Date of competition _____

PLEASE PRINT CLEARLY:

Name of Payee _____

*SSN: _____ - _____ - _____

* Required for payment. If you do not want to disclose this information on this form, provide a contact phone number so we can call you for the information. _____

United States Citizen? YES NO If no, please provide a contact phone number _____

Complete mailing address:

Are you currently a University of Delaware employee? YES NO

If yes, ID number: _____

Amount to be paid _____

For services of _____

Signature of payee _____

University use only

I certify that the above is a true and accurate statement of expenses incurred by this sport club in the proper execution of club duties, in accordance with University policy.

PRINT name of club officer

Date

Signature of club officer

Office use only

Signature, sport clubs office

Date