UNIVERSITY OF DELAWARE
SPORT CLUB
OFFICIAL/REFEREE PAYMENT FORM

Sport Club Name _____

Date of Contest _____ Opponent/s _____

PLEASE FILL IN COMPLETELY

Payee's name _____

Payee's Complete Address _____
street address

_____
city state ZIP

* Payee's Social Security # _____ -_____ -_____
**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.* _____

US Citizen? (circle one) Yes No
If no, please provide a contact phone number _____. There is an additional form required for non-citizens.

Signature _____

Amount to pay $ _____

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

Sport Clubs Office use only

_____ _____
Signature, Sport Clubs Office Date