

**ADDITIONAL REFEREE FEE – REIMBRUSEMENT FORM**

SUBMITTED BY: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

TEAM: \_\_\_\_\_

GAME DATE: \_\_\_\_\_ OPPONENT: \_\_\_\_\_

GAME LOCATION: \_\_\_\_\_  
(TOWN)

NUMBER OF LEAGUE ASSIGNED OFFICIALS: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ AMOUNT TO BE REIMBURSED: \_\_\_\_\_

(Check #: \_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_)

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