

Peninsula Referees' Association

Water Polo Officiating Fee INVOICE

BILL TO:		DATE	
HOST School: _____			
Opponent: _____			
<i>please make payment within 30 days from date of the contest</i>			
<i>If unable to make payment within 30 days, please ADD 10% of payment to total due</i>			
Make payment to:			
Name: _____			
Address: _____			
City: _____			
State: _____		Zip: _____	
Telephone: _____			
Tax I.D./ssn: _____			
IRS FORM W-9 <input type="checkbox"/> ATTACHED <input type="checkbox"/> ON FILE WITH SCHOOL			
DESCRIPTION		AMOUNT	
check one	#-officials	level of match	pay code
	1	V	\$72
	2	V	\$48
	1	V,V	\$122
	2	V,V	\$92
	1	V/jv	\$95
	2	V/jv	\$63
	1	V/jv, V/jv	\$189
	2	V/jv, V/jv	\$126
	1	V, V/jv	\$167
	2	V, V/jv	\$111
	1	jv	\$54
	2	jv	\$36
		Payment: \$	
		If over 20 mile round trip travel, add allowance of (\$10) \$	
		TOTAL DUE \$	

Referee's signature: _____

Date: _____

Coach's signature: _____

Date: _____

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