



# BASKETBALL DIVISION

## INVOICE FOR GAME OFFICIATING SERVICES

**EACH OFFICIAL MUST COMPLETE AND SUBMIT A PAYSHEET FOR PAYMENT**

OFFICIALS NAME:		Last 4 SSN:	
MAILING ADDRESS:		APT/UNIT:	
CITY:		STATE/ZIP:	
EMAIL ADDRESS:		CHAPTER:	
GAME LOCATION/GYM:		VENDOR:	
TEAMS		DATE:	

### PLAYOFF GAME FEES

LEVEL	# Games	Fee	TOTAL
Bi-District		\$ 80.00	
Area		\$ 90.00	
Regional Quarter Finals		\$ 100.00	
Regional Semi-Finals		\$ 110.00	
Regional Finals		\$ 110.00	
<b>TOTAL GAME FEES:</b>			

### PLAYOFF TRAVEL REIMBURSEMENT

RADIUS (SELECT ONE)	SCHOOLS	AMOUNT	TRAVEL FEE
1-30 MILES	List of ISD in this Range.	\$ 20.00	
31-60 MILES	List of ISD in this Range.	\$ 35.00	
61-90 MILES	List of ISD in this Range.	\$ 50.00	
91+ Miles (portal-to-portal)	List of ISD in this Range.		
91+ MILES (mileage fee)	Miles _____ *(1-car .625, 2-car .469, 3-car .375)		
91+ MILES (rider fee)	\$30 Playoffs	\$	
91+ MILES (meal fee)	\$30 Playoffs	\$	
<b>TOTAL MILEAGE FEE</b>			\$ -

<b>TOTAL DUE OFFICIAL</b>	<b>\$ -</b>
---------------------------	-------------

OFFICIALS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COACHES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_