UMP Outdoor Reimbursement Request Form 2014

UMPIRE MANAGEMENT PROGRAM

Hosting Club		Cicuit	Namo				
	Olcult	ATTACHED W-9					
		Club herein certifie		COMP			
				COMP	LETED		
Date:		participants are curre					
			g Information				
Check Written by:		Check Written To:		Amount		Umpire	
Club/Individual Name (please print)		Certified Umpire Name			Certifica	tion	
				\$			
Signature below		Signature	# of (Games Umpired			
			-				
		Dollars Per Game					
Check Written by:		Check Written To:			Umpire	e's	
Club/Individual Name (please print)		Certified Umpire Name	Amount		Certifica		
			\$				
				<u> </u>			
Signature below		Signature below		# of Games Umpired			
					Dollars Per Game		
						_	
			Total of Che	cks			
Send Reimbursement Check to Club/Ir			Written				
						\$	
Street Address (please print)	City, State, Zip (plea	ase print)					
		Tournamer	nt Information				
Tournament Name	Handicap	Dates Play	ved				
		nanaloup	Duito Fila	Joa			
List of Team in Tournament							
		List of Team	In roumament	1			
_			leimbursement				
Team		Team		Certificati			
	vs				U-1		U-2
	vs				U-1		U-2
	vs				U-1		U-2
	vs				U-1		U-2
	vs				U-1		U-2
	vs				U-1		U-2
	vs				U-1		U-2
	vs				U-1		U-2
		Cortification Boting					

Certification Ratings and Rates Per Match									
Rating	Rates		Rating	Rates		Rating	Rates	Rating	Rates
AA	\$225		BB	\$225		CC	\$100	СТ	\$75
Α	\$225		В	\$200		С	\$100	CU	\$50

Notes: All reimbursement requests must be submitted prior to Novermber 1st. Submit your request to Steve Lane at slane@uspolo.org

Please use form U-2 to apply for expense reimbursement on travel, housing etc. when the umpire is acquired through the LLC.