



# **Reimbursement Authorization for Club Sport Officials**

**Date:** \_\_\_\_\_

**Sport:** \_\_\_\_\_

**Official Role:** \_\_\_\_\_

**Game (Home Team vs. Away Team):** \_\_\_\_\_

**Venue:** \_\_\_\_\_

**Official's Name:** \_\_\_\_\_

**Official's Social Security Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**# of Games:** \_\_\_\_\_ **x Fee (\$** \_\_\_\_\_ **per game): TOTAL:** \_\_\_\_\_

**Travel Fee (if applicable):** \_\_\_\_\_

**Mileage (instead of travel fee):** \_\_\_\_\_

**Total: \$** \_\_\_\_\_

**Signature of Official:** \_\_\_\_\_

**Drew University employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_