

INVOICE

Mobile County Basketball Officials' Association

"Request for payment"

CONTEST INFORMATION

DATE OF CONTEST : _____

HOME TEAM: _____ VISITOR: _____

OFFICIALS INFORMATION

OFFICIAL'S NAME: _____

ADDRESS: _____

CITY / STATE / ZIP _____

OFFICIAL'S NUMBER: _____ PHONE: _____

PAYMENT SCHEDULE

<i>CIRCLE ONE: CLOCK OPERATOR</i>	<i>(\$25.00/game)</i>	_____
_____ VARSITY BOY'S		_____
_____ VARSITY GIRL'S	(\$ 55.00 3 Person Crew)	_____
_____ JV – BOYS		_____
_____ JV – GIRLS	(\$ 45.00 2 Person Crew)	_____
_____ FRESHMAN BOY'S		_____
_____ FRESHMAN GIRL'S	(\$ 40.00 2 Person Crew)	_____
_____ MIDDLE SCHOOL – BOY'S		_____
_____ MIDDLE SCHOOL – GIRL'S	(\$ 40.00 2 – Person Crew)	_____
_____ TRAVEL FEE: (\$8.00 per school per official)		_____

TOTAL DUE: _____

RECEIVED BY: _____

OFFICIAL'S SIGNATURE: _____