



Dodge Physical Fitness Center  
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**CLUB SPORTS**  
**OFFICIATING PAYMENT REQUEST**

Date of Submission: \_\_\_\_\_

Date of Competition: \_\_\_\_\_

Time(s): \_\_\_\_\_

Opponent(s): \_\_\_\_\_

1. Official's Name: \_\_\_\_\_

Cost per Game: \$ \_\_\_\_\_

Address: \_\_\_\_\_

# of Games: \_\_\_\_\_

\_\_\_\_\_

Travel Cost: \$ \_\_\_\_\_

\_\_\_\_\_

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Official's Name: \_\_\_\_\_

Cost per Game: \$ \_\_\_\_\_

Address: \_\_\_\_\_

# of Games: \_\_\_\_\_

\_\_\_\_\_

Travel Cost: \$ \_\_\_\_\_

\_\_\_\_\_

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Official's Name: \_\_\_\_\_

Cost per Game: \$ \_\_\_\_\_

Address: \_\_\_\_\_

# of Games: \_\_\_\_\_

\_\_\_\_\_

Travel Cost: \$ \_\_\_\_\_

\_\_\_\_\_

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Office Use Only*

This is to verify that the above named official(s) have officiated the contest(s) listed. The rate of pay for officiating the sport of \_\_\_\_\_ is set at \$ \_\_\_\_\_ per game and is set by the \_\_\_\_\_.

Approved: \_\_\_\_\_

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

Director of Intramurals and Club Sports