

REFEREE INVOICE

EVENT INFORMATION

Name of UWM Organization:

Name of Event:

Date of Event:

Amount to be Paid:

REFEREE INFORMATION

Referee Name:

Referee Email:

***Please include the email that is associated with ArbiterPay.**

CLUB OFFICER INFORMATION & APPROVAL OF PAYMENT

Officer Name:

Officer email:

*By signing this invoice I/club officer approve this payment to be taken out of our sport club budget.

Officer Signature: