



Evergreen Region

2016 USA Volleyball - Evergreen Region Clinician/Observer/Referee Voucher Form

(Revised 12/15/15)

Complete this form and send to:
Director of Officials:

Linda Sue Kildew
PO Box 112
Garfield, WA 99130
lkildewvb@gmail.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of expense: _____

Event Date(s): _____ Event Site(s): _____

Fill in the following areas, as applicable:

Clinician Fee (at \$100.00/Referee AND Scorekeeper Clinic) _____

Observer Fee (at \$100.00/session) _____

Mileage _____

(CLINICIAN/DAY OFFICIAL/OTHER at \$0.55 (calculations will be made from mapquest)

(OBSERVERS ONLY: \$15 Flat rate if round trip is **more than 50 miles round trip**)

Other (please specify) _____

TOTAL _____

Signature of Claimant

Date

Check Number _____

Date Paid _____

Budget Account _____

Director of Officials

Date