

UMP Outdoor Reimbursement Request Form 2018

Form EO-1

UMPIRE MANAGEMENT PROGRAM

Hosting Club	Circuit Name	<input type="checkbox"/> ATTACHED W-9 COMPLETED
Date:	Club herein certifies that all tournament participants are current USPA Members	

Accounting Information			
Check Written by: Club/Individual Name (please print)	Check Written To: Certified Umpire Name (please print)	Amount	Umpire's Certification
		\$	[]
Signature below	Signature below	# of Games Umpired	[]
		Dollars Per Game	[]

Check Written by: Club/Individual Name (please print)	Check Written To: Certified Umpire Name (please print)	Amount	Umpire's Certification
		\$	[]
Signature below	Signature below	# of Games Umpired	[]
		Dollars Per Game	[]

Send Reimbursement Check to Club/Individual Name (please print)	Total of Checks Written
	\$
Street Address (please print)	City, State, Zip (please print)

Tournament Information		
Tournament Name	Handicap	Dates Played
List of Team in Tournament		

Games for Reimbursement				
Team	vs	Team	Certification Level	
	vs		<input type="checkbox"/> U-1	<input type="checkbox"/> U-2
	vs		<input type="checkbox"/> U-1	<input type="checkbox"/> U-2
	vs		<input type="checkbox"/> U-1	<input type="checkbox"/> U-2
	vs		<input type="checkbox"/> U-1	<input type="checkbox"/> U-2
	vs		<input type="checkbox"/> U-1	<input type="checkbox"/> U-2
	vs		<input type="checkbox"/> U-1	<input type="checkbox"/> U-2
	vs		<input type="checkbox"/> U-1	<input type="checkbox"/> U-2
	vs		<input type="checkbox"/> U-1	<input type="checkbox"/> U-2

Certification Ratings and Rates Per Match											
Rating	Rates		Rating	Rates		Rating	Rates		Rating	Rates	
AA	\$225		BB	\$225		CC	\$100		CT	\$75	
A	\$225		B	\$200		C	\$100		CU	\$50	

Notes: All reimbursement requests must be submitted prior to November 1st. Submit your request to Steve Lane at slane@uspolo.org

Please use form U-2 to apply for expense reimbursement on travel, housing etc. when the umpire is acquired through the LLC.

Steve Lane - Head Umpire Instructor (HUI)

Date