

**American University Club Sports
Official's Payment Request**

Date: _____ Club: _____

This form due to club sports office within 5 days of match.

To be filled out by Club:

Match Date: _____ Location: _____

Game Fee: _____ Opponent: _____

Treasurer's Signature: _____

Phone: _____ E-mail: _____

To be filled out by Official:

Name: _____

Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Please allow 21 days for payment.

For Office Use Only:

Director: _____ Date: _____

Budget Account Number: _11-520710-51212- _____

Request Number: _____ D- _____

Entered into Tracking: _____