

**DEPARTMENT OF CAMPUS RECREATION
MILLERSVILLE UNIVERSITY**

Officials Reimbursement Form

I verify that I served as an official for the club sport game/match at Millersville University on

_____ ,

and that payment should be sent to the address listed below.

Club Sport _____

Payment Amount: _____

Name: _____ (Printed)

_____ (signed)

Address: _____

Phone Number: () _____

Club President/Treasurer Signature _____