

**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 \_\_\_\_\_