

CAPITOL DIVISION, USFA
MEET OFFICIALS' PAYMENT REQUEST
(Please return completed form to Meet Manager.)

EVENT: _____ DATE(S) HELD: _____

(Please print)

OFFICIAL'S NAME: _____ POSITION: _____

(To appear on check. Please print)

(Meet Mgr or Ref. Please print)

REFEREE RATING: _____

MAILING ADDRESS (Please print): _____

DAILY RATE: \$ _____

DAYS SERVED: _____

TOTAL AMOUNT: \$ _____

SIGNATURE: _____

Check in this amount will be mailed to you within one week.

Note: If the annual total of payments to you by the Capitol Division exceeds \$600, the Division must report that total to the Internal Revenue Service.

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