

**UNIVERSITY RECREATION | CLUB SPORTS
SPORT OFFICIAL'S INVOICE**

Club Name: _____

Date of Event: _____

Event Name: _____

Event Location: _____

Sport Official's Information

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Total Games: _____

Fee per Game: _____

Total Due: _____

By signing this document, I (the official) confirm that the above information is accurate and that services were rendered to Coastal Carolina University with the expectation to receive monetary compensation as indicated above. I understand that if any of the above information is inaccurate and if I fail to respond to communication from Coastal Carolina University in an attempt to correct the above information any claim to monetary compensation will be forfeited.

Official's Signature

Date

*****UREC USE ONLY*****

By signing below, I certify that the above expenses are just and true, that they are incurred on official business for Coastal Carolina University.

Competitive Sports Coordinator Signature

Date

Account(s) to be charged

____ - ____ - ____ ____ - ____ - ____ ____ - ____ - ____

____ - ____ - ____ ____ - ____ - ____ ____ - ____ - ____