**Pend Oreille Cup – Referee Reimbursement Form**

Thank you for supporting the **44th Annual Pend Oreille Cup Tournament**!
To request reimbursement for lodging and/or travel, please complete this form in full.

**Referee Information**

* **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lodging Reimbursement ($160/night; 2 nights max)**

☐ I am requesting hotel reimbursement

* **Number of nights:**
☐ 1 night
☐ 2 nights

📌 *Please email a copy of your hotel receipt to:****soccer@sandpointsoccer.com***

**Fuel Reimbursement**

☐ I am requesting fuel reimbursement

* **Traveling From (City/State):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tournament Availability**

* **Days Officiated:**
☐ Friday
☐ Saturday
☐ Sunday
* **Total Number of Games Officiated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment**

I understand that all reimbursement requests are subject to review and approval by the Pend Oreille Cup Committee.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_