

WAM UNITED SOCCER CLUB

Willington, Ashford and Mansfield

www.WAMunited.com

PO Box 434, Storrs, CT 06268

Coach's Reconciliation of Out-of-Pocket Referee Fees

Balance Summary Cover Letter

Date: _____
Date this is being submitted

Mr. Craig Krest, Treasurer
WAM United Soccer Club, Inc.
PO Box 434
Storrs, CT 06268

Here is a summary of my out-of-pocket referee expenses:

- (A) Total Referee Expenses \$ _____
Details on attached page(s)
- (B) Less Advanced Funds \$ _____
If any
- (C) Balance \$ _____
Subtract (B) from (A)

If the Balance amount above (C) is \$0.00...we balanced perfectly! And the attached Game-Referee Detail(s) substantiate this.

If the Balance amount above (C) is a negative number...please accept my enclosed repayment of that amount (by check payable to "WAM United").

If the Balance amount above (C) is a positive number...please send me a check for reimbursement of that amount:

Payable to: _____
Name

Mailing address: _____
Street

Town State Zip Code

Thank you.

Signed

WAM Team (Ex. "D5 Girls U-12 WAM 1")

Game-Referee Detail(s) are Attached

Coach's Reconciliation of Out-of-Pocket Referee Fees

Game-Referee Detail

_____	_____	_____
Date of Game	Location (Ex. "Lions" or "Hall")	Name of Opponent Team/Town
_____	_____	_____
Name of Center Referee	\$	Amount Paid
_____	_____	_____
Name of Assistant Referee (if any)	\$	Amount Paid
_____	_____	_____
Name of Assistant Referee (if any)	\$	Amount Paid

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Signed

WAM Team (Ex. "D5 Girls U-12 WAM 1")

Submit this Detail with Balance Summary Cover Letter

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Signed

WAM Team (Ex. "D5 Girls U-12 WAM 1")

Submit this Detail with Balance Summary Cover Letter