



US OFFICIALS EXPENSE REPORT

DATE: _____ LOCATION: _____

HOME: _____ VISITORS: _____

ALL FEES BASED ON THE APPROVED NOJHL
US RATE, TRAVEL, & PER DIEM ALLOWANCE CHART

OFFICIAL	GAME RATE	TRAVEL	PER DIEM	HOTEL Y/N	TOTAL
				TOTAL	

Team Coordinator: This amount was paid in: Cash / Check

Print _____ Signature _____

Official: I received the total amount in: Cash / Check

Print _____ Signature _____

Print _____ Signature _____

Print _____ Signature _____

Print _____ Signature _____

****If party is Issuing Checks - \$50 Fee for Returned Checks****

Game fees: Referee \$125 each - Linesmen \$75 each

This signed form must be scanned and returned to League the Office.