

SOUTHEASTERN COLLEGE ASSIGNING (SECA)

Game Official's Invoice for Services

Date: _____

Game: Home _____ Visitors _____

Field: _____

Men: _____ Women: _____

Official's Name (R): _____ SOC/SEC #: _____

Address: Street _____

City _____ State _____ Zip _____

Game Fee: \$170.00

Official's Name (AR1): _____ SOC/SEC #: _____

Address: Street _____

City _____ State _____ Zip _____

Game Fee: \$135.00

Official's Name (AR2): _____ SOC/SEC #: _____

Address: Street _____

City _____ State _____ Zip _____

Game Fee: \$135.00

Official's Name (ALT): _____ SOC/SEC #: _____

Address: Street _____

City _____ State _____ Zip _____

Game Fee: \$75.00

Referee Signature: _____

Coach's Signature: _____

- 1) Copy to Home Coach 2) Copy to School Business Office (within 24 hrs) for payment.

