** REFEREE/UMPIRE INVOICE**

**This form is to be used for referees/umpires who attend trials as an individual**

**and who have not performed their duties as part of a Referee/Umpire Association**

**Referee/Umpire: Please complete this form and return it to the**

**Metropolitan East School Sport Regional Trial Convenor**

**together with a completed** [**Statement by Supplier form**](https://metwestschoolsport.eq.edu.au/SupportAndResources/FormsAndDocuments/Documents/Officials-forms/Form%2045%20-%20Statement%20by%20a%20supplier.pdf)

**Billed to: Department of Education**

**Metropolitan East School Sport**

[**met.east@qed.qld.gov.au**](mailto:met.east@qed.qld.gov.au)

**Date: / /**

**Invoice Number:** \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Referee/Umpire Name: |  |
| Residential Address: |  |
| Postal Address: |  |
| Email Address: |  |
| Mobile: |  |

|  |  |  |
| --- | --- | --- |
| **Trial Date** | **Sport** | **Age Group** |
|  |  |  |
| **Number of Games/Hours/Days** | **Rate per Game/Hour/Day** | **Total of Invoice** |
|  |  |  |

**Payment Details**

|  |  |
| --- | --- |
| **BSB:** |  |
| **Account Number:** |  |
| **Account Name:** |  |
| **Referee/Umpire Signature:** |  |

**Convenor’s Declaration**

I, confirm that the referee/umpire listed above performed duties at these trials as listed on this invoice.

Convenor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MESS Convenor: Return this form to the Metropolitan East School Sport office to allow processing of payment**