

Reimbursement Application

Directions: Please complete this form as a part of the application process to receive reimbursement to travel to USSF sanctioned tournaments or clinics outside the state of Oklahoma as a duly registered USSF/OSA referee. Please print all information and submit the application to the SRA or the SYRA.

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip** _____

Phones: *H:* _____ *W:* _____ *C:* _____

Email: _____

Referee Grade (circle current level): 07, 06, 05, 04, 03 **Date applied for:** _____

Name of tournament/clinic: _____

Date of tournament/clinic: _____ **Location:** _____

Anticipated expenses

Travel: _____

Housing: _____

Meals: _____

Registration fees: _____

Amount requested: _____

Letter of request/explanation: Attach a letter explaining how attendance at this tournament/clinic would further your career as a referee or help build the referee program in Oklahoma. Include how you would plan to share any information/expertise gained at this tournament/clinic with the referees in Oklahoma.

For office use only

Date application received: _____ Amount requested by applicant: _____

Application approved/denied _____ Amount approved: _____

Check #: _____ Issued to: _____