

EASTERN PENNSYLVANIA RUGBY UNION



INVOICE FOR SERVICES

Please Print All Information

Date(s) of Event/Service: _____

Event Name: _____

Teams: _____ (i.e. Club, College, etc)

Services Provided: _____ (i.e. Field set-up, Referee, TJ, ATC, etc.)

Host Organization/Club: _____

Service Requested by: _____

Additional information regarding service provided:
(for Referees, provide Grade Level and # of Games refereed)

Amount(s) Owed: _____

Cost Basis: _____ (i.e. Hourly Rate x Hours worked)

Receipts Provided (Yes/No or n/a): _____

Check to be Made Payable to: _____

Check to be Mailed to this address:

Email Address of Recipient: _____

Invoice Submitted by: _____

Signature

MAIL COMPLETED FORM W/RECEIPTS TO EPRU, PO BOX 393, EXTON, PA 19341