



# SOFTBALL DIVISION - 2025

## INVOICE FOR GAME OFFICIATING SERVICES

(EACH OFFICIAL MUST COMPLETE AND SUBMIT FOR PAYMENT)

### SCRIMMAGE

|                                  |  |               |       |         |     |
|----------------------------------|--|---------------|-------|---------|-----|
| GAME DATE                        |  | GAME LOCATION |       |         |     |
| TEAMS/SCHOOLS                    |  |               |       |         |     |
| OFFICIAL'S NAME                  |  |               |       | CHAPTER |     |
| MAILING ADDRESS                  |  |               |       |         |     |
| CITY                             |  |               |       | STATE   | ZIP |
| RESIDENCE ADDRESS (If Different) |  |               |       |         |     |
| PHONE                            |  |               | EMAIL |         |     |

### SCRIMMAGE FEES - Paid to Chapter

#### TRAVEL FEES

| TRAVEL RANGE FEE – CHAPTER CENTER POINT TO VENUE – PER OFFICIAL   |                      |                      | AMOUNT |
|---|----------------------|----------------------|--------|
| 0-30.9 MILES - \$20   | 31-60.9 MILES - \$35 | 61-90.9 MILES - \$50 | \$     |
| IF CHAPTER CENTER POINT TO VENUE EXCEEDS 91 MILES ONE-WAY,<br>THEN PORTAL-TO-PORTAL IS USED ROUND TRIP, OFFICIALS HOME TO VENUE | RATE                 | MILES                | AMOUNT |
| ONE CAR – State Rate as of 8/1/24   | .67/MI               |                      | \$     |
| TWO CARS – 75% of State Rate as of 8/1/24   | .50/MI               |                      | \$     |
| THREE CARS – 60% of State Rate as of 8/1/24   | .40/MI               |                      | \$     |
| FOUR CARS – 50% of State Rate as of 8/1/24  | .34/MI               |                      | \$     |
| RIDER FEE (if travel exceeds 91 miles one way)  | \$15                 |                      | \$     |
| MEAL REIMBURSEMENT (if travel exceeds 91 miles one way)   | \$15                 |                      | \$     |
| TOTAL TRAVEL FEES   |                      |                      | \$     |

|                    |    |
|--------------------|----|
| TOTAL DUE OFFICIAL | \$ |
|--------------------|----|

THE TRAVEL FEES LISTED ABOVE ARE AN ACCURATE ACCOUNTING OF THE PAYMENT DUE FOR MY SERVICES.

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Signature of Official