RATER PAY SHEET

Florida Region of USA Volleyball, Inc.

Instructions: Complete a separate pay sheet for each clinic. All information below must be completed!

www.FloridaVolleyball.org

RATER NAME: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ TEL: _____ E-Mail: _____

EVENT DATE(S): _____ # OF RATINGS: _____

EVENT LOCATION(S): _____

RATING CHECKLIST: (All items below must be completed before payment will be issued)

___ Official USAV Rater Form Used & Debrief Held ___ Approved Rater Attire Worn

OFFICIAL(S) RATED:

	Evaluated For		Evaluated For
Name/Rank: _____	P R JN N	Name/Rank: _____	P R JN N
Name/Rank: _____	P R JN N	Name/Rank: _____	P R JN N
Name/Rank: _____	P R JN N	Name/Rank: _____	P R JN N
Name/Rank: _____	P R JN N	Name/Rank: _____	P R JN N

(P=Provisional, R=Regional, JN=Jr. National, N=National)

PAYMENT INFORMATION:

___ Rater's Fee ($250 Full-Day/2 Waves, $125 Half-Day/1 Wave, or $25 Per Rating) $ _____

___ Lodging Reimbursement (Must be pre-approved) $ _____

___ Mileage ($0.545 per mile) Miles: _____ $ _____

___ Copies/Printing/Supplies (Receipts must be attached) $ _____

___ Organic Rating(s): _____ (# of Matches) x $_____ (Tourn. Match Fee) $ _____

TOTAL DUE: $_____

By signing below I agree that all of the information above is accurate and true to best of my knowledge.

Rater's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Amount Paid: _____ Ck #: _____ Date Paid: _____ Initials: _____

E-Mail completed form to: paysheets@floridavolleyball.org
Tel: (352) 742-0080 Web: www.FloridaVolleyball.org