

GREATER UNION COUNTY UMPIRES ASSOCIATION PAYMENT VOUCHER

MUST BE MAILED WITHIN 10 DAYS OF OCCURRENCE TO BE CONSIDERED FOR PAYMENT!

UMPIRE'S NAME: _____

DATE: _____

MONTH: (CIRCLE) APRIL MAY JUNE JULY AUGUST SEPTEMBER OTHER
(USE AS MANY SHEETS AS REQUIRED/ DOWNLOAD MORE COPIES FROM WWW.ASASOFTBALLUCNJ.ORG)

DATE:	LEAGUE:	FIELD:	TEAMS: CIRCLE WINNER	SCORE:	NOTES, COMMENTS AND/OR PROBLEMS:
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____
_____	_____	_____	_____ VS. _____	_____	_____

NOTES:

IMPORTANT NOTICE! **IMPORTANT NOTICE!**

ALL **FORFEITS MUST** BE REPORTED TO YOUR ASSIGNOR WITHIN **48 HOURS!** FAILURE TO INFORM YOUR ASSIGNOR WITH THE TEAM NAME OF WHO FORFEITED OR WHO SHOWED UP, THE TIME, THE FIELD, THE DATE WILL RESULT IN **NON-PAYMENT** FOR THAT ASSIGNMENT. IT IS YOUR RESPONSIBILITY TO GATHER THE INFORMATION REQUESTED TO ASSURE PAYMENT OF YOUR GAME FEE. THE ASSIGNOR WILL VERIFY THE INFORMATION AND THEN AUTHORIZE THE PAYMENT!

MAIL COMPLETED FORM TO: **GARY F. MORAN • 53-C WAVECREST AVE. • WINFIELD, NJ 07036**

UMPIRES SIGNATURE: _____ DATE: _____ CHECK # _____ AMOUNT: _____

REVISED: 3.31.07