



El Paso High School Umpires Association

Name: _____ Social Security # ____ / ____ / ____

Address: _____ City: _____ State: ____ ZIP: _____

_____ vs _____

@ _____

Game Fee: _____ x _____ = _____

Mileage: _____ x .565 = _____

Per Diem: _____

Bi-District: \$80.00

Area: \$90.00

Lodging: _____

Qtr Final \$100.00

Per Diem: \$30.00 / Day - Overnight

Total Owed: _____

\$15.00 / Day if single game

*By signing this form I acknowledge I have checked and verified all amounts owed per the UIL 2014 for the current season. I understand any fees not authorized or supported by the UIL 1204 to include overages/inaccuracies will be billed back to me.

Signature _____ Date ____ / ____ / ____

****Must attached copy of hotel receipt and Google Maps mileage from your home to site**