**Invoice**

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| --- | --- |
| C:\Users\vanessa.castaneda\Pictures\McAllen Logo 2C BlackFFCC00.jpg**Official Invoice** | **DEPARTMENT OF ATHLETICS****2001 North Bicentennial Blvd McAllen, Texas 78501-6126****(956) 618-6089** |
| **Date****Received:** | **REQ #: PO #:** |

Date:

Sport:

Site:

Game:

Tournament:

Girls:

Boys:

Grade: 7 8 9 JV V

Contact Person/Coach: Gate Sales: $

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position****on Field** | **# of****Games** | **Home Team** | **VS.** | **Visiting Team** | **Office Use****only** |
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|  |  |  |  | **Mileage:** |  |

Total: $

Name:

**Print Name as it appears on Arbiter Account**

Address: City/State:

(Include Zip Code) Phone #:(H) (W) (C)

M.I.S.D. Employee: YES NO Email Address:

**(Circle One)**

SIGNATURE

 (Signature required for payment)