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**UMPIRES' PAYMENT CLAIM FORM**  
*(To be submitted no later than 2 days after a game)*

To: The Treasurer

E-mail: [claims@tcuandsa.com](mailto:claims@tcuandsa.com)

**DETAILS OF MY CLAIMS ARE SET OUT BELOW**

**FULL NAME AND ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Day and Date of Game:** \_\_\_\_\_

**Name of Home Team:** \_\_\_\_\_

**Name of Away Team:** \_\_\_\_\_

**Division and Conference:** \_\_\_\_\_

**Game No. & Location:** \_\_\_\_\_

**Amount Not Paid:** \_\_\_\_\_  
(By Defaulting Team)

**Reason Given for Non-Payment**

\_\_\_\_\_  
\_\_\_\_\_

**Amount Requesting from (League Name):** \_\_\_\_\_ \$ \_\_\_\_\_

**Notes or Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Umpire:**

**Date Submitted:**

\_\_\_\_\_

\_\_\_\_\_