

Game #: _____

**PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION
DISTRICT XI / REGIONAL PLAYOFFS
EXPENSE REPORT**

Sport: _____

PIGTAIL / 1ST ROUND / QUARTER / SEMI / FINAL / CONS.
(Circle One)

A / AA / AAA / AAAA
(Circle One)

Social Security # Person's Name or Facility's Name /Address		Description of Expense	Amount to be paid by ARBITER	Amount to be paid by PIAA DISTRICT XI	Signature of Person Receiving Payment
SS#					
Name					
Address					
City/Zip					
SS#					
Name					
Address					
City/Zip					
SS#					
Name					
Address					
City/Zip					
SS#					
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City/Zip					
SS#					
Name					
Address					
City/Zip					
SS#					
Name					
Address					
City/Zip					
TOTALS:					

GAME MANAGER SIGNATURE: _____

DATE: _____