

**SAN GABRIEL VALLEY SOCCER OFFICIALS ASSOCIATION  
REQUEST FOR REIMBURSEMENT**

REFEREE NAME: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

**GAME INFORMATION:**

DATE OF GAME: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                            MONTH      DAY      YEAR

**TEAM INFORMATION:**

HOME: \_\_\_\_\_ VISTING: \_\_\_\_\_

TYPE OF GAME: BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_      LEVEL OF GAME:    V    JV    FS    DH

AMOUNT COLLECTED FROM SCHOOL: \_\_\_\_\_

**PLEASE CIRCLE THE REASON FOR REIMBURSEMENT:**

1. ONE REFEREE DID NOT SHOW  
    NAME OF REFEREE WHO DID NOT SHOW: \_\_\_\_\_
2. NO SCHEDULED GAME @ THIS LOCATION
3. TOO MANY REFEREES SCHEDULED FOR THE MATCH
4. ONE REFEREE MOVED TO VARSITY GAME BY SCHOOL
5. GAME CANCELLED OR MOVED-REFEREE NOT NOTIFIED BY SCHOOL OR ASSIGNOR
6. OTHER: \_\_\_\_\_

REFEREE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**YOU MUST NOTIFY TONY VASQUEZ IN WRITING, VIA FAX OR BY TELEPHONE OR E-MAIL WITHIN 72 HOURS OF THE INCIDENT OR FORFEIT ANY PAYMENTS. ALWAYS KEEP A COPY OF THIS FORM FOR YOUR RECORDS. KEEP ACCURATE INFORMATION OF ANY CONVERSATIONS OR E-MAILS**

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ALTERNATE FAX

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**DO NOT WRITE BELOW THIS LINE**

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NEW NO-SHOW DEPOSIT ORDERED FOR: \_\_\_\_\_

DATE DUE: \_\_\_\_\_ PAYMENT APPROVED: \_\_\_\_\_

SCHOOL ERROR: \_\_\_\_\_ ASSIGNOR ERROR: \_\_\_\_\_ REFEREE ERROR: \_\_\_\_\_