SCOREKEEPER MONITOR PAY SHEET

Florida Region of USA Volleyball, Inc.

Instructions: Complete a separate pay sheet for each event. Pay sheets will be processed on the 2nd and 4th Friday of each month. All information below must be completed!

MONITOR NAME: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ TEL: _____ E-Mail: _____

EVENT DATE(S): _____ # OF MONITORINGS: _____

EVENT LOCATION(S): _____

MONITOR CHECKLIST: (All items below must be completed before payment will be issued)

___ Official USAV Rule Book (DCR) Distributed ___ Approved SK Monitor Attire Worn

TEAMS MONITORED: (A = Outstanding, C = Some Work Needed, E = Must Attend Clinic)

Team Name: _____ A C E Team Name: _____ A C E

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Team Name: _____ A C E Team Name: _____ A C E

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PAYMENT INFORMATION:

___ Monitor Fee ($150 Full-Day/2 Waves, $75 Half-Day/1 Wave) $ _____

___ Lodging Reimbursement (Must be more than 50 miles away and must be preapproved) $ _____

___ Mileage (0-50=$0, 51-100=$25, 101-150=$50, Over 150=$75) $ _____

___ Copies/Printing/Supplies (Receipts must be attached) $ _____

___ Other (Describe:_____) $ _____

TOTAL DUE: $_____

By signing below I agree that all of the information above is accurate and true to best of my knowledge.

Monitor's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Amount Paid: _____ Ck #: _____ Date Paid: _____ Initials: _____

Mail completed pay sheet to: Florida Region of USA Volleyball, 15014 US Highway 441, Eustis, FL 32726
Tel: (352) 742-0080 Fax: (352) 742-0088 E-Mail: info@FloridaVolleyball.org Web: www.FloridaVolleyball.org