Coaches / Referees Invoice

Coach / Referee / Company Name	
Month / Year	

Date	Time From (24 hr)	Time To (24 hr)	<u> </u>	and Description of the se ease see example below in		Total Hours	Rate P/H	Total Amount	Budget Department (Official use)
27/01/1	17.00	19.00	Monday - Middles	brough Sports Village – Coach	ning	2	£15.00	£30	Leave Blank
					_				
Total Hours		Total Amount Payable this Month*							
I confirm		mployed coach	/ referee and unde	rstand that I am responsible			Contribu	tions out on	any money
	red	eived and will	provide my own ed	uipment and public liability	insurance to cover a	ll work ca	rried out		
Signed			Print Name			Date			
2181100									

You must email photo of signed and completed invoice to borosoccerschools@gmail.com by 5th of each month insuring you have the full document in photo. Invoices will be paid by 14th of each month for previous months work. Any invoices sent late will be processed with the following month's payments.

Official use only – Budget department codes total						
Boro Soccer Schools (BSS)	Junior Football Club Development (JFC)	Sports Leisure Management – (SLM)				