

Ref Invoice

Name:

Date	Team Names	Level	Age	# of Games	Rate	Total
		Half Ice	8		\$ 15.00	
		Full Ice	8		\$ 20.00	
		A B	10		\$25.00	
		A B	12		\$ 30.00	
		A B	14		\$ 35.00	
		A B	16		\$ 35.00	
		A B	18		\$ 40.00	

Ref Due \$ _____

TURN INTO SNACK SHOP TO GET PAID IN CASH

*You may receive a 1099 NEC if you receive payments totaling \$600 or more.
Reimbursements do not count towards a Non Employee Compensation 1099.