

REGINA SOCCER REFEREES ASSOCIATION
Monthly Paysheet

Name: _____ Date Submitted: _____

	AGE AND DIVISION	GAME NUMBER	CHECK ONE		DAY (Sun-Sat)	DATE (mmm dd)	TIME	LOCATION	OFFICE USE ONLY
			REF	A/R					
1									
2									
3									
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21									
22									

MUST BE SUBMITTED 14 DAYS PRIOR TO PAY DATE

Revised: 08/05/23

Total Match Fees

Admin Fee

Adjustments

Net Pay